

30777
PO-AAU-167
1511-46922

EVALUATION OF THE VOLUNTARY
STERILIZATION PROGRAM

Report for the Quarter January-March 1986

M. A. Quasem & Co.
7/16 Dalmatia, Block-B
Dhaka-7, Bangladesh
September 11, 1986

CONTENTS

	<u>Page</u>
ABBREVIATIONS	iv
Chapter 1: INTRODUCTION	1
1.1. Background information	1
1.2. Evaluation of the VS program	2
1.3. Objectives of the evaluation	3
Chapter 2: METHODOLOGY	5
2.1. Sample for the evaluation	5
2.1.1. Upazila sample	5
2.1.2. Client sample	6
2.2. Service provider (physician and clinic staff)/helper sample	11
2.3. Field activities	13
2.4. Field work	14
2.5. Data processing	14
Chapter 3: RESULTS OF FIELD SURVEY	15
3.1. Results of the field survey of clients	16
3.1.1. Locating the clients	17
3.1.2. Clinic verification	20
3.1.3. Time verification	20
3.1.4. Cross verification of clinic and time	23
3.1.5. Estimation of actually sterilized clients among the selected clients	24
3.1.6. Verification of informed consent forms	27
3.1.7. Verification of surgical apparel	29
3.1.8. Payment verification	29
3.1.9. Verification of unapproved items	33
3.1.10. Verification of sterilized clients satisfaction	36

	<u>Page</u>
3.1.11. Verification of the helper	40
3.1.12. Background characteristics of the clients	43
3.1.12.1. Age	43
3.1.12.2. Number of living children	43
3.1.12.3. Other client characteristics	46
3.2. Results of field survey of the service providers/helpers	50
3.2.1. Interviewing of the service providers/ helpers	50
3.2.2. Payment verification	51
 Chapter 4: REPORTING VARIATIONS	 53
4.1. Reporting variations of BDG performance data	55
4.1.1. Comparison among the verified BDG performance data, upazila data, district data, and MIS data	55
4.1.2. Estimates of BDG component ratios of verified BDG performance data and MIS data	66
4.2. Reporting variations of NGO performance data	67
4.2.1. Comparison among the verified NGO performance data, upazila data, district data, and MIS data	67
4.2.2. Estimates of NGO component ratios of verified NGO performance data and district reported NGO performance data	72
4.3. Reported and estimated national BDG and NGO performance	73

	<u>Page</u>
Chapter 5: FINDINGS OF THE EVALUATION	78
5.1. Estimated overreporting/underreporting of performance in the MMPR of MIS reported data	78
5.2. Estimated proportion of clients actually sterilized	78
5.3. Estimated proportion of actually sterilized clients who had signed or put thumb impression on the USAID-approved informed consent forms	79
5.4. Estimated average amount paid to clients actually sterilized	79
5.5. Estimated proportion of actually sterilized clients who had received surgical apparel and had also signed the USAID-approved informed consent forms	80
5.6. Estimated proportion of actually sterilized clients who had received surgical apparel by whether the clients had signed the USAID-approved informed consent forms or not	80
5.7. Estimated proportion of actual helpers	80
5.8. Estimated average amount received by service providers/helpers	81
APPENDIX - A	A1-A11
APPENDIX - B	B1-B43

ABBREVIATIONS

BDG	: Bangladesh Government
BAVS	: Bangladesh Association for Voluntary Sterilization
CHCP	: Community Health Care Project
DFPO	: District Family Planning Office
FP	: Family Planning
FWA	: Family Welfare Assistant
FPO	: Family Planning Officer
FPAB	: Family Planning Association of Bangladesh
MIS	: Management Information System
MMPR	: MIS Monthly Performance Report
MMCP	: MIS Monthly Computer Printout
MSC	: Metropolitan Satellite Clinic
MFC	: Mohammadpur Fertility Clinic
NGO	: Non-Government Organisation
USAID	: United States Agency for International Development
UFPO	: Upazila Family Planning Office
VS	: Voluntary Sterilization

Chapter 1

INTRODUCTION

1.1. Background information:

Under a grant agreement signed between the USAID and the Government of Bangladesh (BDG), the USAID provides assistance to BDG family planning program. As per provisions of a protocol under the said agreement, the USAID reimburses the Government of Bangladesh the selected costs of the Voluntary Sterilization (VS) Program. These costs include fees paid to the service providers (physicians and clinic staff) and field-workers and payments made to the clients for food and for transportation to and from the clinic, and wage-loss compensation. The USAID also reimburses the costs of sarees and lungis (surgical apparel) given to the clients before the sterilization operation.

The following table (Table 1) gives the USAID-approved reimbursement rates for female sterilization (tubectomy) and male sterilization (vasectomy).

Table 1: USAID-reimbursed sterilization costs
by type of operation

<u>Selected costs</u>	<u>Tubectomy (Taka)</u>	<u>Vasectomy (Taka)</u>
Physician fees	20.00	20.00
Clinic staff	15.00	12.00
Helper fees ¹	25.00	25.00
Food, transportation, wage-loss compensation	175.00	175.00
Surgical apparel	To be based on cost, not to exceed current retail market value	

¹The helper fee for the NGOs is Tk.45/-

It is the accepted principle for both the USAID and the Government of Bangladesh that the client undergoing sterilization operation

does so voluntarily, being fully informed of the consequences and the risks of the operation. In order to ensure the voluntary nature of the sterilization operation, it has been made a condition that the sterilization client will record his/her consent in a consent form. A USAID-approved informed consent form has therefore to be filled in prior to the operation. The form will be signed/thumb impressed by the client, the physician, and the fieldworker/helper.

The approved costs of the VS program are reimbursed as per provisions of the protocol on the basis of sterilization performance statistics provided by the Management Information Systems(MIS) Unit of the Ministry of Health and Family Planning. These statistics are contained in the "MIS Monthly Performance Report" which is usually issued within four weeks after the end of the month. These statistics include the national monthly performance of both the Bangladesh Government(BDG) and the Non-Government Organisations (NGOs) engaged in sterilization activities.

1.2. Evaluation of the VS program:

The protocol also provides for an independent quarterly evaluation of the VS program. Accordingly, M/s. M.A. Quasem and Co., entered into an agreement with the USAID, Dhaka, to conduct eight quarterly evaluations of the VS program beginning from the January-March 1985 quarter. The present report, the fifth of its kind, is the evaluation for the January-March 1986 quarter of the VS program of both BDG and NGO done through a nationally representative sample survey. Thus, in this report, the term 'reference quarter' means the January-March 1986 evaluation quarter.

The report has been compiled in five chapters including the present one. The remaining chapters are as follows:

- Chapter 2 : Methodology
- Chapter 3 : Results of field survey
- Chapter 4 : Reporting variations
- Chapter 5 : Findings of the evaluation

In addition, three sets of tables are also prepared separately for submission to the USAID as per terms of the contract. The first set of tables comprises the findings of the evaluation of the VS program of all NGOs including the BAVS clinics functioning in the sample upazilas during the reference quarter, the second set of tables comprises the findings obtained from the BAVS clinics only and the third set of tables comprises the findings obtained from the BDG clinics only.

1.3. Objectives of the evaluation:

The specific objectives of the evaluation were as follows:

- a. to estimate the number of clients actually sterilized in the reference quarter;
- b. to estimate the average rates paid to the actually sterilized clients for wage-loss compensation, food and transport costs; to assess whether there is any consistent and significant pattern of underpayments or overpayments for these client reimbursements;
- c. to estimate the proportion of clients who did not receive sarees and lungis;
- d. to estimate the average rates paid to the physicians, the clinic staff, and the fieldworkers/helpers as compensation for their services; to assess whether there is any consistent and significant pattern of underpayments or overpayments of these fees; and to estimate the proportion of service providers and fieldworkers/helpers who received the specified payment.

- e. to estimate the proportion of the sterilized clients who did not sign or put thumb impressions on the USAID-approved informed consent forms;
- f. to estimate the discrepancy between the BDG and the NGO performance as reported by the upazila (thana) level BDG officials and the NGOs and what is reported as BDG and NGO performances by the Deputy Director at the district level and by the MIS at the national level;
- g. to ensure clients are not being promised or actually given anything other than the approved VSC payments and surgical apparel; and
- h. to collect information on client's knowledge of sterilization, the sterilization decision-making process, and the extent of client satisfaction with the sterilization procedure.

Information was also collected to gain an insight into the socio-economic and demographic characteristics of the sterilization clients.

Chapter 2

METHODOLOGY

2.1. Sample for the evaluation:

The sample for the evaluation was drawn in to stages. The first stage sampling comprised selection of the upazila sample and the second stage the client sample. In addition, a sub-sample of service providers/helpers was drawn from the client sample. The selection procedures of service providers/helpers sub-sample are discussed in section 2.2.

2.1.1. Upazila sample:

The upazila sample in the first stage of sampling was drawn to cover 50 upazilas throughout the country. The MIS monthly computer printout for the October-December 1985 quarter was used as the sample frame for the selection of the upazila sample. On the basis of the MIS reports, all the upazilas were categorised either as upazilas having only BDG clinics or those having at least one NGO clinic. The former was called "BDG stratum" and the latter "NGO stratum". Upazilas with both BDG and NGO clinics were included in both the strata and if selected in the "BDG stratum", the upazila was considered a BDG upazila while its selection in the "NGO stratum" would render it an NGO upazila.

According to USAID modified sample design, 38 upazilas were selected from BDG stratum and 12 upazilas from NGO stratum.

The upazilas were selected from each stratum using simple random sampling techniques. In this procedure, low performing or zero performing upazilas also had chances to be included in the sample. To overcome this problem, upazila substitution was done from a list of reserve upazilas drawn at the time of the original upazila sample selection. Zero or low performance was defined as having 39 or fewer clients in a particular upazila at the time of the field survey. The required sample size was 40 clients. If a

selected upazila was found to have 39 or fewer cases, it was replaced by another upazila drawn up from the rreserve list.

The sample selection and the substitution procedure were followed for each stratum in the following manner: for the BDG stratum, a total sample of 38 upazilas were selected and a reserve list of upazilas was prepared from the MIS reported upazilas by a simple random sampling technique. The list of the selected upazilas was prepared according to the selection order. These 38 upazilas were selected for the field work. If during the field work, the performance of an upazila was found to be 39 clients or fewer, that upazila was given up and the next upazila, upazila number 39, was substituted for it. If a second low performing upazila was found to have been selected, it was replaced by yet another upazila drawn up from the reserve list, upazila number 40, and so forth. For the NGO stratum, a total of 12 upazilas were selected by simple random sampling techniques for the field work. A list of reserve upazilas were also prepared according to the selection order. If the performance of all the NGOs in the upazila was less than the required 40 clients, the upazila would be replaced by another from the reserve upazilas; a second low/zero performance upazila would thus be replaced by another upazila listed serially, and so forth.

In the reference quarter for the purpose of the field survey in all 12 upazilas were substituted -- 10 for the BDG stratum and 2 for the NGO stratum.

2.1.2. Client sample:

At the second stage of the sample, the client sample was drawn from the selected upazilas. All clients were listed by residence (upazila, union, ward, village or mahalla). Clients coming from non-contiguous upazilas were not taken into consideration as they were considered too remote to be interviewed economically. The remaining clients

were divided into a number of equal-sized (40 clients) clusters of sterilization cases. Thus the number of clusters was not the same for all the upazilas, as it was dependent on the performance which varied by upazila. One cluster was randomly selected from among those constructed for each selected upazila. A cluster usually covered an area equivalent to two rural unions. This procedure was applied for both the strata. Thus the total sample size was 2000 clients, of which 1520 were BDG clients and 480 NGO clients.

All the analyses and tables were prepared from the aggregated BDG and NGO data to provide the national estimates. Prior to the analyses, the client sample was adjusted within the selected upazilas by giving appropriate weights to keep the sampling fraction uniform within the stratum. In addition, to provide the national estimates, proper weights were used between the strata on the basis of the actual BDG and NGO national performances in the reference quarter. The weighting was done in the following manner:

Intra-stratum weighting (BDG or NGO): The sampling weight for the clients was derived on the basis of the actual performance recorded in the selected upazila. The client sample was then adjusted on the basis of the sampling weight for the stratum. The adjusted factors are given below:

	<u>BDG stratum</u>	<u>NGO stratum</u>
a. Quarterly performance in sampled upazilas (obtained from selected upazilas on completion of the quarter)	$Y_{BDG(1-38)}$	$Y_{NGO(1-12)}$
b. Sample size (predetermined) ¹	1520	480
c. Weight for each sampled upazila	$\frac{40}{Y_{BDG}}$	$\frac{40}{Y_{NGO}}$
d. Stratum weight	$\frac{1520}{Y_{BDG(1-38)}}$	$\frac{480}{Y_{NGO(1-12)}}$
e. Adjusted factor for individual upazila sample	$\frac{1520}{Y_{BDG(1-38)}} \div \frac{40}{Y_{BDG}}$	$\frac{480}{Y_{NGO(1-12)}} \div \frac{40}{Y_{NGO}}$

The names of the selected upazilas by stratum and the adjusted factors against each upazila for the reference quarter are shown in Table 2.

¹Cluster size for each selected upazila was 40 clients.

Table 2: Names of the selected upazilas by stratum and
the adjusted factors

BDG stratum		NGO stratum	
Name of upazila	Adjusted factor	Name of upazila	Adjusted factor
Hatibandha	0.565728700	Faridpur Sadar	0.488294226
Kaligonj	1.408664463	Naogaon Sadar	0.538461441
Sariakandi	0.333779933	Boalia (Rajshahi)	0.973243971
Sherpur	1.250260427	Natore Sadar	0.672240681
Kownia	2.291201235	Kishoregonj Sadar	0.364548429
Nawabgonj	1.821646414	Tangail Sadar	1.752508044
Gobindagonj	1.731129822	Narsingdi Sadar	2.337792219
Sundargonj	1.006997086	Patuakhali Sadar	1.314381033
Lalmonirhat Sadar	1.295518723	Jessore Sadar	2.204012979
Kishoregonj	2.376060540	Comilla Sadar	0.872909541
Jaldhaka	0.656245292	Pirojpur Sadar	0.347826024
Dimla	0.780705606	Narayongonj Sadar	0.133779240
Taragonj	1.612326795		
Adamdighi	0.746761884		
Pabna Sadar	1.125800113		
Natore Sadar	0.627958857		
Gopalpur	0.656245292		
Mirzapur	1.640613230		
Ghatail	1.108828252		
Atpara	1.052255382		
Kendua	0.905165920		
Purbadhala	0.441268386		
Gouripur	0.288521637		
Tejgaon	0.916480494		
Belaboo	0.362066368		
Bancharampur	0.594015135		
Rupgonj	0.316808072		
Barguna Sadar	2.262914800		
Jessore Kotwali	0.820306615		
Feni Sadar	0.973053364		
Laxmipur Sadar	0.684531727		
Shibpur	0.299836211		
Rajapur	0.633616144		
Pirojpur Sadar	0.695846301		
Tongibari	0.328122646		
Kachua	0.678874440		
Daulatpur	1.895191145		
Rampal	0.814649328		
Stratum weight	0.005657287		0.003344481

Inter-strata weighting (BDG and NGO:) To provide the national estimates, the weight was derived from the actual national BDG and NGO performances of the reference quarter, based on the MIS monthly report. The weight was applied to maintain the uniform sampling fraction between the strata at the national level.

The weighting factors are given below:

	<u>BDG stratum</u>	<u>NGO stratum</u>
a. Total national performance in the reference quarter (from MIS monthly report)	X_{BDG}	X_{NGO}
b. Sample size (predetermined)	1520	480
c. Percentage of national performance sampled	$\frac{1520}{X_{BDG}}$	$\frac{480}{X_{NGO}}$
d. Stratum adjusted factor	$— \frac{1520}{X_{BDG}} \div \frac{480}{X_{NGO}} = H$	
e. Adjusted (weighted) sample size to estimate the national performance	1520 + (H) X (480)	

The design weight for the NGO samples was 1.8199, while that for the BDG sample was unity. Thus, the size of the weighted national sample was 2394 clients (Table 3).

Table 3: Weighted sample size at the national level

Stratum	National performance in the reference quarter	Actual sample size	Weights	Weighted sample
BDG	37,848	1520	1.0000	1520
GO	21,751	480	1.8199	874
Total	59,599	2000	-	2394

2.2. Service provider (physician and clinic staff)/helper sample:

The service provider/helper sample was drawn in the following manner. A sub-sample of 25 percent of the clients was drawn randomly from the selected client sample for each of the selected upazilas. All the recorded service providers/helpers of the clients in the sub-sample were taken into service provider/helper sample. Since it is likely that the service providers and the helpers might be common for a number of clients, the size of the service provider/helper sample would be smaller than the size of actual sub-sample drawn for this purpose.

The weighted sample size of the service provider/helper by upazila for the evaluation quarter, January-March 1986 are shown in Table 4.

Table 4: Names of the selected upazilas by stratum and the number of physicians, clinic staff, and helpers

BDG stratum				NGO stratum			
Name of upazilas	Weighted sample			Name of upazilas	Weighted sample		
	Physi- cian	Clinic staff	Helper		Physi- cian	Clinic staff	Helper
Nawabgonj	1	2	4	Rajshahi Sadar	3	6	9
Jaldhaka	1	2	7	Naogaon Sadar	4	5	7
Kishoregonj	3	2	10	Natore Sadar	2	5	5
Dimla	2	3	8	Faridpur Sadar	3	2	10
Taragonj	1	1	6	Jessore Sadar	2	3	10
Kownia	1	2	6	Patuakhali Sadar	2	2	5
Sundargonj	2	2	7	Kishoregonj Sadar	2	4	7
Gobindagonj	5	3	8	Tangail Sadar	2	5	9
Lalmonirhat Sadar	1	2	9	Narsingdi Sadar	2	4	8
Kaligonj	4	3	9	Comilla Sadar	2	3	10
Hatibandha	3	2	9	Pirojpur Sadar	1	4	8
Adamdighi	4	2	8	Narayongonj Sadar	1	3	10
Sariakandi	3	5	10				
Sherpur	2	3	7				
Natore Sadar	1	2	10				
Pabna Sadar	1	2	9				
Gopalpur	2	1	8				
Mirzapur	2	1	7				
Ghatail	1	2	8				
Atpara	3	3	7				
Kendua	2	2	8				
Purbadhala	3	2	10				
Tejgaon	2	2	10				
Rupgonj	5	2	8				
Belabo	2	1	9				
Shibpur	2	3	8				
Tongibari	1	1	10				
Gouripur	4	1	10				
Daulatpur	1	1	6				
Kachua	3	2	9				
Rampal	2	4	9				
Jessore Kotwali	3	2	10				
Pirojpur Sadar	2	2	8				
Rajapur	3	2	7				
Barguna Sadar	1	2	9				
Bancharampur	3	2	6				
Feni Sadar	2	3	9				
Laxmipur Sadar	1	2	9				
Total	85	81	312		26	46	98

2.3. Field activities:

To meet the contract objectives, personal interviews with the sterilized clients, service providers, and fieldworkers (helpers) were required, as were the review of office records in upazila level family planning offices and collection of performance reports. These activities could be categorised under five headings: (a) field survey of the clients, (b) field survey of the service providers, (c) field survey of the fieldworkers (helpers), (d) review of office records and (e) collection of the sterilization performance reports.

The field survey of the clients was made to check by means of personal interviews with the recorded sterilized clients whether they were actually sterilized; whether they received money for food, transportation, and wage-loss compensation and if received, what were the amounts; and whether they received the surgical apparel.

The field survey of service providers was made to check by means of personal interviews with the recorded service providers whether they actually provided services to the selected clients and to determine whether they received the payments specified for their services. Interviews were also conducted with the recorded fieldworkers(helpers) to check whether they actually helped the clients for sterilization and to verify whether they received the specified helper fees.

The review of office records was done to find out whether the USAID-approved informed consent form was used for each sterilized client and whether the client recorded his/her consent by putting signature/thumb impression on the consent part of the consent form. The review of office records was also undertaken to find out the actual number of the recorded sterilized clients from the clinic register.

Certified copies of BDG and NGO performance reports filed by the upazila family planning office (UFPO) to the district, reports filed by the district level Deputy Director to the MIS, MIS Monthly Computer Printout (MMCP) showing sterilization performance by districts

and upazilas, and the MIS Monthly Performance Report (MMPR) were collected to ascertain whether there was any discrepancy among these data sources and also to ascertain whether there was any overreporting or underreporting in the MMPR.

2.4. Field work:

The field work for the January-March 1986 quarter was carried out during March and April 1986. Seven interviewing teams were deployed to collect the data from the field survey. Each interviewing team included 8 members -- one male supervisor, one female supervisor, two male interviewers, two female interviewers, one field assistant and one team leader. The members of the interviewing group were assigned the responsibility of interviewing the clients, the service providers and the helpers included in the sample, while the team leader was mainly responsible for (a) review of sterilization records and informed consent forms, (b) selection of client sample and service provider/helper sample in each upazila, and (c) collection of performance reports.

Two quality control teams were assigned to supervise the work of the interviewing teams. Each quality control team was composed of one male Quality Control Officer and one female Quality Control Officer. Senior professional staff of the firm also made a number of field visits to ensure the quality of data.

2.5. Data processing:

Data were processed manually in the following manner. First, the data from interviews were edited and verified by senior professional staff, then coded into code sheets. The code sheets on completion were verified by Quality Control Officers and senior professional staff. Tables were prepared manually by sorting of code sheets according to the tabulation plan.

Chapter 3

RESULTS OF FIELD SURVEY

The results of the field survey of the interviewed sterilized clients are presented in this chapter. The findings cover both the BDG and the NGO clients.

Each of the selected clients was interviewed with the help of structured interviewing schedules. The major purpose of the client interview was to determine whether the respondents who had been recorded as sterilized according to clinic records were actually operated upon for sterilization and if so whether other items of information shown in the clinic records were genuine. The items of information thus collected related to the clinic, date of operation, helpers payment, surgical apparel, and informed consent form.

To facilitate spontaneous responses, each of the clients was asked some indirect questions. To begin with, s(he) was asked to name the clinic where s(he) had been sterilized, the date of sterilization, the name of the helpers, and other relevant facts. If her/his reported information did not correspond to the recorded information, s(he) was asked some leading questions to ascertain the correct position. For example, for clinic verification, questions were asked to ascertain whether s(he) knew the recorded clinic and had visited that clinic for any purpose. Similar questions were also asked for other items of information. If the respondent reported herself/himself as not sterilized, s(he) was told that her/his name had been recorded as a sterilized client in the clinic records on the recorded date. The client was considered to be not sterilized if s(he) furnished facts to establish that the recorded information was not correct.

3.1. Results of the field survey of clients:

The results of the field survey of the clients were documented. At the outset two separate tables were prepared and analysed on the basis of interview of the clients for verification of the recorded clinic and time. Attempts were made to find out from these tables whether the clients' reported clinics were the same as those recorded and also whether their reported date of operation fell within the reference quarter. For some of the clients the reported information on the clinics and/ or time did not conform to the corresponding recorded information. As the evaluation is intended to identify the clients who are found to be actual cases of sterilization, it had to be found out whether the clients were reportedly sterilized in the recorded clinic and also within the reference quarter. A table was prepared for the purpose of cross verification of the two items of information on clinic and time. This cross verification table shows the common group of client whose reported clinic and reported time of operation matched with information recorded. Only these clients were considered in this evaluation to be "actual cases of sterilization".

Information on informed consent forms was obtained from the clinics as well as from the interviewed clients. In view of the fact that (a) there must be USAID-approved informed consent forms in the clinics for each of the sterilized clients and (b) the clients might have mistaken signing or giving thumb impression on USAID-approved informed consent forms with signing some other forms or registers, the clinic records were considered to be the basis of analysis. In the relevant section on verification of informed consent forms two sets of findings have been presented; the first set comprising all the selected clients and the second comprising only the actually sterilized clients.

The results of verification of the surgical apparel, payments, receipts of unapproved items, verification of clients satisfaction, and the helpers are presented on the basis of the actually sterilized clients.

Limited data on demographic and socio-economic characteristics were also collected from the interviewed clients. The findings on actually sterilized clients are presented in this chapter in the section entitled "Background characteristics of the clients".

3.1.1. Locating the clients:

The interviewers made resolute attempts to locate and interview the clients included in the sample. If and when necessary several attempts were made by interviewers and also supervisors during their field work to locate individual clients. They first tried to locate the clients by themselves or by asking the villagers. If the first attempt failed, assistance was sought from the local family planning fieldworkers, ward members, and from helpers in locating the client. The interviewers noted down the reasons and documented evidence from the persons assisting for each of the unsuccessful attempts to locate the selected clients. The distribution of upazila-wise selected clients (unweighted) by address not found/not existing and persons providing evidence is shown in Appendix A (Table 2).

Table 5 shows the percentage distribution of clients by status of locating them. Among the clients selected in the sample, 85.5 percent could be located in the field which included 87.6 percent of the tubectomy clients and 83.3 percent of the vasectomy clients. Once the clients were located, interviews were conducted with them by trained male and female interviewers under the direct supervision of the field supervisors. Of the located clients, 78.0 percent of the tubectomy clients and 67.5 percent of the vasectomy

clients could be interviewed. The clients who could not be interviewed were those from their localities. The proportion of not interviewed clients was higher for vasectomy (15.8 percent) than for tubectomy (9.6 percent).

The clients who could not be located consisted of five categories; 'client permanently left the address', 'client temporarily visiting the address', 'not attempted', 'address not found', and 'others'. The 'client permanently left the address' group had 2.8 percent of the tubectomy clients and 11.2 percent of the vasectomy clients; while the 'client temporarily visiting the address' group included 9.3 percent of the tubectomy clients and 2.9 percent of the vasectomy clients. The interviewers failed to locate 0.1 percent of the clients as the address of these clients were found to be inaccessible.

The 'address not found' group included both those clients who never lived at the address indicated and those whose listed address did not exist. The 'address not found' group comprised 0.1 percent of the tubectomy clients and 1.6 percent of the vasectomy clients.

Table 5: Percentage distribution of all clients by status
of locating the clients

Status of locating the clients	Categories of clients		
	Tubectomy	Vasectomy	All
<u>Client located</u>	<u>87.6</u>	<u>83.3</u>	<u>85.5</u>
Interviewed	78.0	67.5	72.9
Not interviewed	9.6	15.8	12.6
<u>Client not located</u>	<u>12.4</u>	<u>16.7</u>	<u>14.5</u>
Client permanently left the address	2.8	11.2	6.9
Client was only temporarily visiting the address	9.3	2.9	6.2
Address not found	0.1	1.6	0.8
Not attempted	0.1	0.1	0.1
Others	0.1	0.9	0.5
Total	100.0	100.0	100.0
Weighted N	1247	1147	2394

3.1.2. Clinic verification:

All the interviewed clients were asked some indirect and leading questions on clinics in which they had the sterilization operation. This was done to ascertain whether the client's reported clinic of operation was the same as or different from the clinic in which s(he) was recorded to have been sterilized.

Table 6 shows the percentage distribution of the interviewed clients by reported clinics. Among the interviewed tubectomy clients, 100.0 percent reported the recorded clinic as the clinics of their operation.

Similarly, among the interviewed vasectomy clients, 99.1 percent reported the recorded clinics as the clinics of their operation. Another 0.1 percent clients reported other than the recorded clinics as the clinics of their operation. The remaining 0.8 percent of the clients were not sterilized.

3.1.3. Time verification:

Since all the selected clients of the sample upazilas were those who were recorded to have been sterilized within the quarter, January-March 1986, the date of operation for any of them must fall within the quarter. Therefore, all the interviewed clients were asked questions to ascertain whether they had undergone sterilization operation during the reference quarter.

Table 7 shows the percentage distribution of the interviewed clients by status of reported date of operation. Among the interviewed tubectomy clients, 98.6 percent reported that they had undergone sterilization operation within the reference quarter. The remaining 1.4 percent clients reported that they had been operated upon before the reference quarter.

Table 6: Percentage distribution of the interviewed clients
by reported clinics

Recorded clinic	Categories of clients		
	Tubectomy	Vasectomy	All
Recorded clinic	100.0	99.1	99.6
Other than the recorded clinic	-	0.1	0.1
<u>Never sterilized</u>			
Never visited the recorded clinic	-	0.4	0.2
Visited the recorded clinic for other purpose	-	0.1	0.1
Did not know the recorded clinic	-	0.3	0.1
Total	100.0	100.0	100.1 ^a
Weighted N	972	774	1746

^aPercentage total is more than 100 percent due to rounding error.

Table 7: Percentage distribution of the interviewed clients
by status of reported date of operation

Status of date of operation	Categories of clients		
	Tubectomy	Vasectomy	All
Within the quarter	98.6	96.4	97.6
<u>Before the quarter</u>			
Upto 6 months	0.1	0.8	0.4
6 months to 12 months	0.2	0.6	0.4
12 months to 2 years	0.4	0.9	0.6
2 years above	0.7	0.5	0.6
<u>Never sterilized</u>			
Never visited the recorded clinic	-	0.4	0.2
Visited the recorded clinic for other purpose	-	0.1	0.1
Did not know the recorded clinic	-	0.3	0.1
Total	100.0	100.0	100.0
Weighted N	972	774	1746

Similarly, among the interviewed vasectomy clients, 96.4 percent reported that they had undergone sterilization operation within the reference quarter. On the other hand, 2.8 percent of the clients reported that they had undergone sterilization operation before the reference quarter. The 'never sterilized' vasectomy clients constituted 0.8 percent.

3.1.4. Cross verification of clinic and time:

The cross verification of clinic and time has been done to ascertain the number of actually sterilized cases of the reference quarter. If the reported clinic and the reported time match with the recorded clinic and the recorded time then the client is considered to be an actually sterilized client.

The percentage distribution of the interviewed clients by status of reported date of operation and of reported clinic is shown in Table 8. It can be seen from the table that 98.6 percent of the tubectomy clients and 96.4 percent of the vasectomy clients reported their operation within the quarter and also in the recorded clinic. Another 1.4 percent of the tubectomy clients and 2.7 percent of the vasectomy clients reported the recorded clinic as the clinic of their operation but they reported having undergone the sterilization operation before the quarter. It can also be seen from the table that the reported clinic and the reported time were different from those recorded for 0.1 percent of the vasectomy clients. Thus the proportion of actually sterilized clients was found to be 98.6 percent for tubectomy and 96.4 percent for vasectomy of the interviewed clients.

Table 8: Percentage distribution of the interviewed clients by status of reported date of operation and by status of reported clinics

Status of reported date of operation	Tubectomy				Vasectomy				All			
	Within the quarter	Before the quarter	Never sterilized	All	Within the quarter	Before the quarter	Never sterilized	All	Within the quarter	Before the quarter	Never sterilized	All
Status of reported clinic												
Sterilized in the recorded clinic	98.6	1.4	-	100.0	96.4	2.7	-	99.1	97.6	2.0	-	99.6
Sterilized in other than the recorded clinic	-	-	-	-	-	0.1	-	0.1	-	0.1	-	0.1
Never sterilized	-	-	-	-	-	-	0.8	0.8	-	-	0.3	0.3
Total	98.6	1.4	-	100.0	96.4	2.8	0.8	100.0	97.6	2.1	0.3	100.0
Weighted N				972				774				1746

3.1.5. Estimation of actually sterilized clients among the selected clients:

The results of interviewing of the selected clients are shown in Table 9. The results are presented in two broad headings -- clients located and clients are not located.

Among the selected tubectomy clients, 1.1 percent were considered to be false cases as the clients reported that they were sterilized before the quarter. In the case of vasectomy, 1.9 percent clients reported to have been sterilized before the quarter and 0.5 percent clients reported to have never been sterilized and hence were considered to be false cases of sterilization. Clients not interviewed and clients not located except 'address not found' cases were presumed to be the actual cases of sterilization. The 'address not found' clients were those clients who could not be located in the field because their recorded addresses were either non-existent or they never lived in the recorded addresses. These 'address not found' clients were also considered to be false cases of sterilization. Therefore, the total false cases are estimated at 1.2 percent for tubectomy and 4.0 percent for vasectomy. Thus the proportion of actually sterilized clients is estimated at 98.8 percent for the tubectomy clients and 96.0 percent for the vasectomy clients of the selected clients.

The subsequent sections deal only with those actually sterilized clients who were interviewed and found to have been sterilized in the recorded clinic and in the recorded time.

Table 9: Percentage distribution of the SELECTED CLIENTS
by results of interviews

Results of interviews	Categories of clients		
	Tubectomy	Vasectomy	All
A. CLIENT LOCATED:			
<u>Interviewed</u>			
Sterilized within the quarter in the recorded clinic	76.9	65.1	71.1
Sterilized before the quarter in the recorded clinic	1.1	1.8	1.5
Sterilized before the quarter in other than the recorded clinic	-	0.1	0.0
Never sterilized	-	0.5	0.3
<u>Not interviewed</u>	9.6	15.8	12.6
B. CLIENT NOT LOCATED:			
Client has permanently left the address	2.8	11.2	6.9
Client was only temporarily visiting the address	9.3	2.9	6.2
Address not found	0.1	1.6	0.8
Not attempted	0.1	0.1	0.1
Others	0.1	0.9	0.5
Total	100.0	100.0	100.0
Weighted N	1247	1147	2394

3.1.6. Verification of informed consent forms:

It is an accepted principle of both BDG and USAID that a USAID-approved informed consent form for each sterilization case must be properly filled in and maintained. Therefore, the field team checked whether a USAID-approved informed consent form had been filled in for each selected sterilized client. Secondly, the consent forms were examined to ensure that those were signed/thumb impressed by the clients. To verify the fact, information from each of the selected upazilas was collected.

Thus, the verification of informed consent forms was based on data collected by the Team Leaders from the office records of the selected upazilas. The information thus obtained is presented in two separate tables -- Table 10 and Table 11. In Table 10 all the selected clients are included but in Table 11 only the actually sterilized clients are covered. The first table gives an overall picture of the use of the USAID-approved informed consent forms. The purpose of the second table is to see whether, for each of the actually sterilized clients, a USAID-approved informed consent form was properly maintained.

As can be seen from Tables 10 and 11, the USAID-approved informed consent forms were maintained for most of the clients. Informed consent forms not approved by the USAID were also found to have been used for some clients.

The proportion of clients having the USAID-approved informed consent forms which were also signed/thumb impressed by the clients was 98.7 percent of all the selected clients and 98.8 percent of the actually sterilized clients. Not USAID-approved informed consent forms constituted 0.5 percent of all the selected clients and 0.4 percent of the actually sterilized clients. Informed consent forms were not filled in and maintained for 0.6 percent clients in each case.

Table 10: Percentage distribution of all the SELECTED CLIENTS
by type and status of informed consent forms

Status of informed consent form	Type of operation		Total
	Tubectomy	Vasectomy	
<u>USAID-approved</u>			
Signed by clients	98.5	99.2	98.7
Not signed by clients	0.3	-	0.2
<u>Not USAID-approved</u>			
Signed by clients	0.6	-	0.3
Not signed by clients	-	0.3	0.2
<u>No informed consent form</u>	0.6	0.5	0.6
<u>Total</u>	100.0	100.0	100.0
<u>Weighted N</u>	1247	1147	2394

Table 11: Percentage distribution of the ACTUALLY STERILISED
CLIENTS by types of informed consent forms and
status of signing

Types of consent forms and status of signing	Categories of clients		
	Tubectomy	Vasectomy	All
<u>USAID-approved</u>			
Signed by clients	98.4	99.2	98.8
Not signed by clients	0.4	-	0.2
<u>Not USAID-approved</u>			
Signed by clients	0.4	-	0.2
Not signed by clients	-	0.4	0.2
<u>No informed consent form</u>	0.8	0.4	0.6
<u>Total</u>	100.0	100.0	100.0
<u>Weighted N</u>	958	746	1704

3.1.7. Verification of surgical apparel:

Each interviewed actually sterilized client was asked questions to ascertain whether s(he) had received the surgical apparel for undergoing the sterilization operation. The surgical apparel for the tubectomy client is a saree and that for the vasectomy client is a lungi.

Table 12 shows the percentage distribution of the actually sterilized clients by whether they were given the surgical apparel or not as well as the status of use of USAID-approved informed consent forms. It can be seen from the table that, overall, 100.0 percent of the tubectomy clients and 99.1 percent of the vasectomy clients reported receipt of the surgical apparel. When status of USAID-approved informed consent form was considered, 98.4 percent of the tubectomy clients and 98.3 percent of the vasectomy clients reported receipt of surgical apparel and had also signed the USAID-approved informed consent forms.

3.1.8. Payment verification:

The interviewed sterilized clients were asked questions about payments that they had received for undergoing sterilization operation. If the clients reported receiving less than the approved amount of Tk.175/- they were further asked questions to assess whether they were provided with any facility by the clinic. The term 'facility' includes provision of food to the client during his/her stay in the clinic or transport for travelling to and from the clinic or both.

Table 12: Percentage distribution of the actually sterilized clients by status of informed consent forms and status of receipt of surgical apparel

Status of informed consent form	Status of receipt of surgical apparel	Categories of clients		
		Tubectomy	Vasectomy	All
USAID-approved informed consent forms signed by client	Received	98.4	98.3	98.4
	Did not receive	-	0.9	0.4
Sub-total		98.4	99.2	98.8
Informed consent form not USAID-approved/ informed consent form USAID-approved but not signed by clients/no consent form	Received	1.6	0.8	1.2
	Did not receive	-	-	-
Sub-total		1.6	0.8	1.2
All	Received	100.0	99.1	99.6
	Did not receive	-	0.9	0.4
Total		100.0	100.0	100.0
Weighted N		958	746	1704

Table 13 shows the percentage distribution of the actually sterilized tubectomy clients by amounts that they reported to have received. Of the tubectomy clients, 91.7 percent reported that they had received the approved amount of Tk.175/- The remaining 8.3 percent clients reported receiving less than the approved amount. Since these clients reported receiving less than the approved amount they were asked further questions to ascertain whether they had received any facility or not. Of the 8.3 percent of the clients, 6.2 percentage points were accounted for by clients who reported receiving facility from the clinic while the remaining 2.1 percentage points were accounted for by clients who reported that they were not provided with any facility, and therefore, those clients were found to have been paid less than the approved amount of Tk.175/.

The clients who reported receiving less than the approved amount but were provided with a facility by the clinic were considered to have received the full payment of the approved amount assuming that they were paid the balance amount after deducting the expenses. Under this assumption two estimates of the average client-payment have been calculated. The first estimate has been computed for all the actually sterilized clients irrespective of whether they had received the approved amount or not and whether they had been provided with any facility or not. The second estimate of average amount has been calculated for all the actually sterilized clients, excluding those who had received less than the approved amount and who had reported receiving no facility from the clinic. Thus the average amount for the first category is Tk.173.28 and that for the second category is Tk.174.68.

Table 13: Percentage distribution of the actually sterilized tubectomy clients by amount reportedly received

Amount reportedly received in Taka	All clients	Status of facilities received	
		Received any facility	Received no facility
175.00	91.7	NA	NA
170.00	1.3	0.4	0.9
165.00	0.3	0.2	0.1
160.00	1.0	0.7	0.3
159.00	0.3	0.3	-
150.00	4.9	4.2	0.7
145.00	0.3	0.3	-
135.00	0.1	-	0.1
122.00	0.1	0.1	-
Total	100.0	6.2	2.1
Weighted N	958		

Reported average amount: Tk.173.28

Estimated average amount considering the received any facility category received the approved amount: Tk.174.68

Note: NA in the table stands for not applicable cases

Similarly, Table 14 shows the percentage distribution of the actually sterilized vasectomy clients by amounts that they reported to have received. Of the vasectomy clients, 96.0 percent reported that they had received the approved amount of Tk.175/-. The remaining 4.0 percent of the clients reported receiving less than the approved amount and they were not provided with any facility from the clinic. Thus the average amount received by all vasectomy clients were found to be Tk.172.60.

3.1.9. Verification of unapproved items:

The interviewed sterilized clients were asked questions whether they had received any unapproved items apart from receiving saree/lungi and money for undergoing the sterilization operation. If the clients reported receiving any unapproved items, they were asked further questions about the person who gave away the mentioned items, where given and when given.

It can be seen from Table 15 that none of the actually sterilized clients reported receiving any unapproved items for undergoing the sterilization operation. But 0.4 percent actually sterilized clients (all of them tubectomy clients) reported that they were promised to receive either Ration Card or Money (Tk.500/-) or Wheat and C.I. sheet by the recorded helpers (registered Dai, other NGO field-workers, and BAVS registered agent).

Table 14: Percentage distribution of the actually sterilized vasectomy clients by amount reportedly received

Amount reportedly received in Taka	All clients	Status of facilities received	
		Received any facility	Received no facility
175.00	96.0	NA	NA
170.00	0.4	-	0.4
160.00	0.1	-	0.1
150.00	0.9	-	0.9
130.00	0.3	-	0.3
125.00	0.3	-	0.3
120.00	0.3	-	0.3
100.00	0.9	-	0.9
80.00	0.1	-	0.1
60.00	0.1	-	0.1
50.00	0.3	-	0.3
25.00	0.3	-	0.3
Total	100.0	-	4.0
Weighted N	746		

Reported average amount: Tk.172.60

Note: NA in the table stands for not applicable cases

Table 15: Percentage distribution of the ACTUALLY STERILIZED clients by status of promise for unapproved items, person promised, items promised, items received, and reasons for not receiving promised items

Status of promise for unapproved items and person promised to clients	Promised items	Total clients	Number of clients received promised items	Number of clients did not receive promised items		
				All	Reasons for not receiving promised items	
					Items not available	Not contacted for promised items
<u>Promised for unapproved items by the recorded helpers</u>						
Registered Dai	Ration Card	0.1	-	0.1	0.1	-
Other NGO fieldworker	Money (Tk.500/-)	0.1	-	0.1	0.1	-
BAVS registered agent	Wheat and C.I.sheet	0.2	-	0.2	0.2	-
<u>Sub-total</u>		<u>0.4</u>	<u>-</u>	<u>0.4</u>	<u>0.4</u>	<u>-</u>
Not promised for unapproved items	-	99.6	-	-	-	-
<u>Sub-total</u>		<u>99.6</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total		100.0	-	0.4	0.4	-
<u>Weighted N</u>		<u>1704</u>				

3.1.10. Verification of sterilized clients' satisfaction

In the evaluation for the present quarter, an attempt was made to collect a simple information on clients' satisfaction to ascertain whether people are accepting sterilization being aware that it is a permanent method and whether they are satisfied with it. A short and simple questionnaire was administered to collect the information from the clients actually sterilized in the reference quarter. The questionnaire is given in the annexure (page B-22). The obtained data for this quarter are tabulated in Table 16 through Table 20.

All the interviewed clients reported that they knew before sterilization that they could not have any child after accepting sterilization (Table 16). When they were asked whether they talked to anyone who had already had sterilization before their (interviewed clients') operation, 86.1 percent of the tubectomy clients and 66.6 percent of the vasectomy clients reported in the affirmative. Clients were asked, "how long had you seriously thought about having the sterilization method before you actually undertook it?" Most of the tubectomy clients (96.5 percent) and the vasectomy clients (92.8 percent) told that they had thought about it at least one month before their operation (Table 17). Questions were also asked to ascertain indirectly their satisfaction with the method and whether they would suggest anyone to adopt this method in future. Among the clients, 57.9 percent reported that they had already given suggestions and 36.6 percent said that they would do so in future. 5.5 percent of the clients reported that they would not suggest the method to others in future. We feel that this is possibly because they would not like to be exposed to the society, or that they need more time to take decision in favour of suggesting the method to others. However, it is only our speculation based on field observations. No such information were collected in this regard.

Table 16: Percentage distribution of the actually sterilized clients by whether they knew before sterilization that they could not have any child after accepting sterilization

Status of knowledge	Categories of clients		
	Tubectomy	Vasectomy	All
Knew	100.0	100.0	100.0
Did not know	-	-	-
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 17: Percentage distribution of the actually sterilized clients by categories who had seriously thought about having the sterilization method

P e r i o d	Categories of clients		
	Tubectomy	Vasectomy	All
1 day to 7 days	1.9	2.8	2.3
8 days to 15 days	1.1	4.0	2.4
16 days to 29 days	0.5	0.4	0.5
1 month to 2 months	12.0	16.1	13.8
More than 2 months to 4 months	11.5	10.0	10.8
More than 4 months to 6 months	15.1	16.5	15.7
More than 6 months to 12 months	32.6	28.0	30.5
More than 1 year	25.3	22.2	24.0
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 18: Percentage distribution of the actually sterilized clients by categories whether they had talked to anyone who had already had a sterilization before their operation

Wheter talked to anyone or not	Categories of clients		
	Tubectomy	Vasectomy	All
Talked	86.1	66.6	77.5
Did not talk	13.9	33.4	22.5
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 19: Percentage distribution of the actually sterilized clients by categories who had thought about having the sterilization method and also talked to anyone who had already had a sterilization before their operation

Period of thinking before sterilization	Type of operation					
	Tubectomy			Vasectomy		
	Talked	Did not talk	Total	Talked	Did not talk	Total
Less than 30 days	1.7	1.8	3.5	2.5	4.7	7.2
1 month. to 6 months	32.8	5.8	38.6	26.4	16.2	42.6
More than 6 months to 12 months	29.5	3.7	32.6	20.6	7.2	27.8
More than 1 year	22.3	3.0	25.3	17.1	5.3	22.4
Total	86.3	13.7	100.0	66.6	33.4	100.0
Weighted N			958			746

Table 20: Percentage distribution of the actually sterilized clients by categories whether they had suggested anyone for sterilization after accepting sterilization method or whether they would suggest to anyone in the future

Suggestion by clients	Categories of clients		
	Tubectomy	Vasectomy	All
Gave suggestion	61.2	53.8	57.9
Would suggest in future	34.4	39.4	36.6
Would not suggest in future	4.4	6.8	5.5
Total	100.0	100.0	100.0
Weighted N	958	746	1704

3.1.11. Verification of the helpers:

Relevant data were collected from two different sources: clients for "reported" information and clinic records for "recorded" information. An interviewed client reporting herself/himself as sterilized was asked whether (s)he knew the helper and if (s)he knew, (s)he was asked again to specify the category of the helper. This category means the official category of helpers according to the BDG.

Asking the client to specify a BDG approved category for the helper is extremely difficult. It was not always possible to obtain specific information on the type of helpers from the clients through personal interviews, because they did not know the actual categories of the helpers. Many of them could only identify their helpers by their local identity or by their names and addresses. In some cases the clients knew the helpers as FP workers or registered agents but expressed their ignorance regarding the organization (BDG, NGO, etc.) the helpers belonged to. The clients were also found ignorant of different types of registered agents -- such as satisfied voluntary sterilization clients, Palli Chikishak, Gram Doctor, religious leaders, teachers -- etc. The clients who knew their helpers but could not identify them by the BDG approved category are considered as "unspecified category of helpers". It is obvious that a client does not have to know what category of helper accompanying him or her belongs to. That is the responsibility of the FP clinical staff.

Fortunately, 85.3 percent of the tubectomy clients (Table 21) and 82.3 percent of vasectomy clients (Table 22) could identify their helpers' category properly. However, it can be seen that there are some discrepancies between the recorded and the reported data. Because of the facts mentioned above, it is very likely that the clients' reported response would differ from the official category of helpers. The recorded information on this particular matter can be considered as more genuine than the reported one.

Table 21: Percentage distribution of the actually sterilized tubectomy clients by recorded and reported helpers

Recorded helper	Reported helper										
	BDG fieldworker	BAVS salaried fieldworker	Other NGO fieldworker	BDG registered agent	BAVS registered agent	Other NGO registered agent	Registered Dai	Unspecified category ¹	Went alone	Does not know	All
BDG fieldworker	36.7	-	0.1	2.0	0.2	0.4	2.9	1.9	0.5	0.5	45.2
BAVS salaried fieldworker	-	9.3	-	-	0.2	-	-	0.9	0.2	-	10.6
Other NGO fieldworker	0.6	-	21.0	0.7	-	0.2	0.4	1.2	0.2	-	24.3
BDG registered agent	0.2	-	-	6.9	-	-	0.1	-	0.1	-	7.3
BAVS registered agent	0.1	-	-	-	2.1	-	-	-	-	-	2.2
Other NGO registered agent	-	-	0.3	-	-	2.4	-	-	-	-	2.7
Registered Dai	0.2	-	-	-	-	-	6.9	0.6	-	-	7.7
Total	37.8	9.3	21.4	9.6	2.5	3.0	10.3	4.6	1.0	0.5	100.0
Weighted N = 958											

¹The clients could not specify the categories of their helpers whether they were FP workers or registered agents.

Table 22: Percentage distribution of the actually sterilized vasectomy clients by recorded and reported helpers

Recorded helper	Reported helper										
	BDG fieldworker	BAVS salaried fieldworker	Other NGO fieldworker	BDG registered agent	BAVS registered agent	Other NGO registered agent	Registered Dai	Unspecified category ¹	Went alone	Does not know	All
BDG fieldworker	24.1	-	0.3	1.9	-	-	0.5	1.2	1.8	0.5	30.3
BAVS salaried fieldworker	-	17.3	-	-	0.1	-	-	-	0.9	-	18.3
Other NGO fieldworker	-	-	8.9	0.3	-	-	-	1.0	0.3	-	10.5
BDG registered agent	3.5	-	-	19.4	1.1	-	-	1.3	1.9	0.7	27.9
BAVS registered agent	-	0.3	-	-	2.5	-	-	-	0.1	-	2.9
Other NGO registered agent	-	-	-	-	-	8.5	-	-	-	-	8.5
Registered Dai	-	-	-	-	-	-	1.6	-	-	-	1.6
Total	27.6	17.6	9.2	21.6	3.7	8.5	2.1	3.5	5.0	1.2	100.0

¹The clients could not specify the categories of their helpers whether they were fieldworkers or registered agents.

3.1.12. Background characteristics of the clients:

3.1.12.1. Age:

Table 23 shows the percentage distribution of the actually sterilized tubectomy clients by the reported age of the clients and that of their husband. The largest number of tubectomy clients were found to be in the age group of 25-29 years while most of their husbands were in the age group of 35-39 years. The mean age of the clients and their husbands were 29.3 years and 39.2 years respectively. The percentage distribution of the actually sterilized vasectomy clients by their reported age and that of their wives is shown in Table 24.

3.1.12.2. Number of living children:

Table 25 shows the percentage distribution of the actually sterilized clients by the reported number of living children. The mean number of living children for tubectomy clients was 3.6 while for vasectomy clients it was 4.2. The proportion of tubectomy clients having less than two children was 1.7 percent and that for vasectomy clients it was 1.0 percent.

Table 23: Percentage distribution of the actually sterilized tubectomy clients by reported age of client and husband

Age group of clients (in years)	Age group of husband (in years)										Total
	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-59	70-74	
15 - 19	0.3	-	-	-	-	-	-	-	-	-	0.3
20 - 24	3.0	7.8	2.9	0.9	0.6	0.4	-	0.1	-	-	15.7
25 - 29	0.8	13.6	22.6	4.2	1.6	0.3	0.1	0.1	0.1	-	43.4
30 - 34	-	0.6	9.3	14.0	5.1	0.4	0.1	0.2	-	-	29.7
35 - 39	-	-	-	2.9	4.6	1.8	0.2	-	0.1	-	9.6
40 - 44	-	-	-	-	0.2	0.8	-	-	-	-	1.0
45 - 49	-	-	-	-	-	-	-	0.1	-	-	0.1
50 54	-	-	-	-	-	-	-	-	0.1	0.1	0.2
Total	4.1	22.0	34.8	22.0	12.1	3.7	0.4	0.5	0.3	0.1	100.0
Weighted N = 958											

Mean age of clients: 29.3 years

Mean age of the husband: 39.2 years

Table 24: Percentage distribution of the actually sterilized vasectomy clients by reported age of client and wife

Age group of clients (in years)	Age group of wife (in years)								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
20 - 24	0.1	-	-	-	-	-	-	-	0.1
25 - 29	0.8	4.7	0.3	-	-	-	-	-	5.8
30 - 34	-	5.8	6.1	0.1	-	-	-	-	12.0
35 - 39	0.1	0.8	12.6	4.3	-	-	-	-	17.8
40 - 44	-	-	4.8	13.3	2.7	-	-	-	20.8
45 - 49	-	-	2.7	8.3	9.5	0.9	-	-	21.4
50 - 54	-	-	0.5	0.4	4.6	2.0	0.5	0.4	8.4
55 - 59	-	-	-	0.7	1.2	3.6	2.0	-	7.5
60 - 64	-	-	-	0.8	0.8	1.2	0.4	0.3	3.5
65 - 69	-	-	0.5	-	0.3	-	0.1	0.6	1.5
70 - 74	-	-	-	-	-	0.1	0.1	0.6	0.8
75 - 79	-	-	-	-	-	-	-	0.3	0.3
80 - 84	-	-	-	-	-	-	-	0.1	0.1
Total	1.0	11.3	27.5	27.9	19.1	7.8	3.1	2.3	100.0
Weighted N = 746									

Mean age of clients: 44.0 years
Mean age of the wife: 32.6 years

3.1.12.3. Other client characteristics:

Information on women's employment was collected from both the tubectomy and the vasectomy clients. In case of the tubectomy clients the information was collected from the woman herself but for the vasectomy clients it was about his wife. The findings are shown in Table 26. It can be seen from the table that 88.1 percent of the tubectomy clients and 93.3 percent wives of the vasectomy clients were reportedly not employed with any regular work. Table 27 shows the percentage distribution of the clients by their/their husbands' reported main occupation. The sterilized clients came mostly from day labour class and agricultural worker class. Table 28 shows that 80.5 percent for all tubectomy clients and 66.5 percent of all vasectomy clients had no education. It can also be seen from the table that 0.6 percent of the tubectomy clients and 1.6 percent of the vasectomy clients had at least secondary school education. Among the sterilized clients 84.3 percent were Muslims and the remaining were non-Muslims. All but a few non-Muslims clients were Hindus (Table 29). Data on land ownership were also collected. The interviewed clients were asked whether his/her family owned any cultivable land. The clients owning any cultivable land constituted 38.5 percent of all sterilized clients (Table 30).

Table 25: Percentage distribution of the actually sterilized clients by reported number of living children

Reported number of living children	Categories of clients		
	Tubectomy	Vasectomy	All
0	0.3	0.3	0.3
1	1.4	0.7	1.1
2	20.2	18.1	19.3
3	35.0	19.3	28.1
4	18.8	24.1	21.1
5	12.6	15.8	14.0
6	7.0	12.1	9.2
7	2.3	5.5	3.7
8	1.5	2.5	2.0
9	0.8	1.1	0.9
10	-	0.5	0.2
11	0.1	-	0.1
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 26: Percentage distribution of the actually sterilized clients by employment status of women

Employment status of wife/client	Categories of clients		
	Tubectomy	Vasectomy	All
Employed with cash earning	9.6	5.8	7.9
Employed without cash earning	2.3	0.9	1.7
Not employed	88.1	93.3	90.4
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 27: Percentage distribution of the actually sterilized clients by occupation of husband/client

Occupation of husband/client	Categories of clients		
	Tubectomy	Vasectomy	All
Agriculture	24.2	27.8	25.8
Day labour	43.6	54.7	48.5
Business	20.5	12.0	16.7
Service	10.8	4.0	7.8
Not employed	0.7	0.7	0.7
Others	0.2	0.8	0.5
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 28: Percentage distribution of the actually sterilized clients by their educational level

Educational level	Categories of clients		
	Tubectomy	Vasectomy	All
No schooling	80.5	66.5	74.3
No class passed	0.1	4.4	2.0
Class I - <u>IV</u>	8.6	14.8	11.3
Class <u>V</u>	4.7	5.1	4.9
Class <u>VI</u> - <u>IX</u>	5.5	7.6	6.4
SSC and HSC	0.6	1.6	1.1
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 29: Percentage distribution of the actually
sterilized clients by religion

Religion	Categories of clients		
	Tubectomy	Vasectomy	All
Muslim	82.2	87.0	84.3
Hindu	17.8	12.7	15.6
Christian	-	0.3	0.1
Total	100.0	100.0	100.0
Weighted N	958	746	1704

Table 30: Percentage distribution of the actually
sterilized clients by ownership of land

Status of land ownership	Categories of clients		
	Tubectomy	Vasectomy	All
Owned land	39.4	37.4	38.5
Did not own land	60.6	62.6	61.5
Total	100.0	100.0	100.0
Weighted N	958	746	1704

3.2. Results of field survey of the service providers/helpers:

3.2.1. Interviewing of the service providers/helpers:

The findings discussed in this section are on both service providers (physicians and clinic staff) and helpers included in the service providers/helpers sample. The findings were obtained through personal interviews. The sample selection procedure has already been discussed in section 2.2. However, the sample size for each of them, that is, for physician, for clinic staff, and for helpers was not the same. In all, weighted number of 111 physicians, 127 clinic staff, and 410 helpers were included in the sample.

The members of the interviewing team made a number of attempts to locate and interview the selected service providers and helpers. Each of the interviewed service providers/helpers was asked questions whether s(he) had received payments for his/her services rendered to the clients.

Table 31 shows the percentage distribution of the service providers/helpers by status of interview. Among the selected physicians, clinic staff, and helpers interviews were conducted with 72.1 percent of the physicians, 80.3 percent of the clinic staff, and 73.4 percent of the helpers. The remaining 27.9 percent physicians, 19.7 percent clinic staff, and 26.6 percent helpers could not be interviewed. The reasons for not interviewing the physicians and clinic staff included absence, leave, and transfer; while for the helpers the reason for not interviewing was mainly due to their absence from the given address during the scheduled stay of the interviewing team in their locality.

3.2.2. Payment verification:

Payments to service providers: All the interviewed service providers (physicians and clinic staff) reported during the interview that they had received the approved amount for the services rendered to the sterilized clients.

Payment to helpers: Table 32 shows the percentage distribution of the number of clients whose helpers were interviewed, by status of receipt of helper fees. It can be seen from the table that the helpers reported receiving the approved amount of helper fees for 100.0 percent tubectomy clients and 99.3 percent vasectomy clients. The remaining 0.7 percent vasectomy clients reported not to have receiving the helper fees.

Table 31: Percentage distribution of the service providers/
helpers by status of interview

Interview status	Categories of service providers/helpers		
	Physicians	Clinic staff	Helpers
Interviewed	72.1	80.3	73.4
Not interviewed	27.9	19.7	26.6
Total	100.0	100.0	100.0
Weighted N	111	127	410

Table 32: Distribution of the clients whose helpers were
interviewed by status of receipt of helper fee

Status of receipt of helper fee reported by helpers	Categories of clients whose helpers were interviewed		
	Tubectomy	Vasectomy	All
Received	100.0	99.3	99.7
Did not receive	-	0.7	0.3
Total	100.0	100.0	100.0
Weighted N	232	152	384

Chapter 4

REPORTING VARIATIONS

One of the most important tasks of the evaluation of the VS program is to ascertain whether the BDG and NGO performance data are correctly reflected in the MIS Monthly Performance Report (MMPR). Because, USAID reimburses the Bangladesh Government for selected costs of the VS program on the basis of the performance statistics contained in the MMPR. To accomplish this task, data were collected from the different reporting tiers. The reporting tiers are: clinics, upazilas, districts, NGOs, and the MIS Unit of the Directorate of Population Control.

Clinic performance data: The clinic performance data refers to the performance figures recorded in the clinic registers. These data were collected from the BDG and the NGO clinics separately. The BDG clinic performance data were collected from those upazilas selected for the BDG stratum. Similarly, the NGO clinic performance data were collected from the upazilas selected for the NGO stratum. These performance data are hereinafter referred to as 'verified performance data'.

NGO performance data: The NGO clinic performance reported to upazila FP office and district FP office. These were collected directly from the NGO clinics.

Upazila performance data: A copy of the monthly sterilization performance report, broken down by BDG and NGO, sent by the Upazila Family Planning office to the district was collected from each of the selected upazilas.

District performance data: A copy of the monthly sterilization performance report, broken down by BDG and NGO, filed by the

district to the MIS was collected from the district headquarters. In the subsequent discussions these data are called districts reported performance.

All the filled-in copies of the performance reports were countersigned by the concerned officials at the reporting tiers.

MIS performance data: A copy each of the MIS Monthly Performance Report (MMPR) and the MIS Computer Printout (MMCP) were collected from MIS Unit. The 'MIS reported performance' from the MMCP was used for upazila-wise comparison of the performance data collected from different reporting tiers because the MMPR does not show the performance statistics by upazilas and does not separate BDG and NGO performances in the main body of the report. However, NGO performance data (for major NGOs only) by organisations are shown in an annex of the MMPR. But the NGO data in the annex are not given by upazilas and districts. On the other hand, the MMCP contains NGO performance by districts. Because of this, evaluation of the MIS data had to be done by using the MMCP.

Table 33 compares the total performances reported in the MMCP for the January - March 1986 quarter with those obtained from the MMPR for the same period. It can be seen from the table that there were a very negligible differences between these two data sources with respect to the total sterilization performance, although the ratio of the total sterilization performance of all types of sterilization in the MMPR to that shown in the MMCP was almost close to unity, being 1.01. The ratio remained at 1.01 even when it was computed separately for tubectomy and vasectomy. Therefore, the use of the MMCP rather than the MMPR in the evaluation of MIS reported total

national performance for the reporting quarter seems justified as the ratio of these two sources of data remained at 1.01.

Table 33: Comparison of total national performance between the MMCP and the MMPR for the January-March 1986 quarter

MIS reports	Categories of clients		
	Tubectomy	Vasectomy	A l l
MMCP	27,649	31,950	59,599
MMPR	28,001	32,162	60,163
MMPR/MMCP	1.01	1.01	1.01

4.1. Reporting variations of BDG performance data:

4.1.1. Comparison among the verified BDG performance data, upazila data, district data, and MIS data:

The differences among the 'verified BDG performance data', upazila data, district data, and MIS data were examined in several ways. Table 34 (for tubectomy) and Table 35 (for vasectomy) highlight discrepancies among the data from the MMCP, data collected from the UFPO, data collected from the DFPO and those collected by the interviewing team in course of interviews with the clients. Column 2 of the tables contains the 'verified BDG performance data' collected from the BDG clinics registers of the selected upazilas. The upazila reported BDG performance data and the district reported BDG performance data are shown in column 3 and column 4 respectively. The MIS reported BDG performance in the MMCP is shown in column 5. The differences between the verified data and the upazila reported data, between the verified data and the district reported data, and

between the verified data and the MIS reported data are shown in column 6, column 7, and column 8 respectively. The findings of these tables are summarised in Table 36 which shows the levels of overall reporting discrepancy.

Table 36 clearly shows that there are differences among the verified BDG performance data, upazila reported data, district reported data, and MIS reported data in the MMCP. In the case of tubectomy, the MIS reported data in the MMCP were 0.2 percent higher than the verified BDG performance data. In the case of vasectomy, the MIS reported data in the MMCP were 0.5 percent understated than the verified BDG performance data.

It is evident that the MIS monthly data in the MMCP do not give an accurate figure of the BDG performance for the reference quarter. According to Table 36, overall, BDG performance data in the MMCP were overreported for tubectomy and underreported for vasectomy. The reason for the overreporting and the underreporting can be analysed with the help of Table 34 and Table 35. The tables show that for most of the upazilas there was no discrepancy among the different data sets. Only in the case of some upazilas, such as Kaligonj of Lalmonirhat district, Pabna sadar, Tejgaon of Dhaka district, Gouripur of Mymensingh district, Daulatpur of Khulna district, and Feni sadar, there were big differences. The differences were due to the inclusion of NGO performance data and/or inclusion of cases done in other upazilas in course of reporting. This had been done by some of the upazilas and also by some districts, namely, Tejgaon, Daulatpur, Gouripur of Mymensingh district, and Laxmipur sadar. The reports collected from those districts lend evidence to this statement.

Therefore, this report makes an attempt below to derive an estimate of the ratio of the verified BDG performance data to the MIS data, and then apply it to calculate the actual BDG performance of the reference quarter (January-March, 1986).

Table 34 : Comparison among the actual BDG TUBECTOMY performance collected from the clinic register, the upazila reported performance, the district reported performance, and MIS reported performance in the MMCP (MIS Monthly Computer Printout) by sample upazilas¹

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Dinajpur</u>							
Nawabgonj	57	57	57	57	0	0	0
<u>Nilphamari</u>							
Jaldhaka	104	104	104	104	0	0	0
Kishoregonj*	200	200	200	200	0	0	0
Dimla	124	125	125	125	+1	+1	+1
<u>Rangpur</u>							
Taragonj	6	6	5	5	0	-1	-1
Kownia	10	10	10	10	0	0	0
<u>Gaibanda</u>							
Sundergonj	74	74	74	74	0	0	0
Gobindagonj	67	67	67	67	0	0	0
<u>Ialmonirhat</u>							
Sadar	172	172	172	172	0	0	0
Kaligonj	196	196	146	146	0	-50	-50
Hatibandha*	48	48	48	48	0	0	0

(Table 34: Tubectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Bogra</u>							
Adamdighi	15	15	15	15	0	0	0
Sariakandi	58	57	57	57	-1	-1	-1
Sherpur	67	67	67	67	0	0	0
<u>Natore</u>							
Sadar	101	101	101	101	0	0	0
<u>Pabna</u>							
Sadar	35	26	26	26	-9	-9	-9
<u>Tangail</u>							
Gopalpur	116	116	116	116	0	0	0
Mirzapur	286	286	286	286	0	0	0
Ghatail	174	174	174	174	0	0	0
<u>Netrokona</u>							
Atpara	55	55	55	55	0	0	0
Kendua	83	83	83	83	0	0	0
Purbadhala	35	35	35	35	0	0	0
<u>Dhaka</u>							
Tejgaon	53	51	84	84	-2	+31	+31
<u>Narayangonj</u>							
Rupgonj	56	56	58	58	0	+2	+2

(Table 34: Tubectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Narsingdi</u>							
Belabo	63	63	63	63	0	0	0
Shibpur	43	43	43	43	0	0	0
<u>Munsigonj</u>							
Tongibari	58	58	66	66	0	+8	+8
<u>Mymensingh</u>							
Gouripur	50	50	66	66	0	+16	+16
<u>Khulna</u>							
Daulatpur	1	1	55	55	0	+54	+54
<u>Bagerhat</u>							
Kachua	2	2	3	3	0	+1	+1
Rampal	32	32	34	34	0	+2	+2
<u>Jessore</u>							
Kotwali	31	31	31	31	0	0	0
<u>Pirojpur</u>							
Sadar	10	15	15	15	+5	+5	+5
<u>Jhalakati</u>							
Rajapur	5	5	5	5	0	0	0

(Table 34: Tubectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Barguna</u>							
Sadar	34	34	34	34	0	0	0
<u>Brahmanbaria</u>							
Bancharampur	105	105	105	105	0	0	0
<u>Feni</u>							
Sadar	172	172	125	125	0	-47	-47
<u>Laxmipur</u>							
Sadar	121	121	115	115	0	-6	-6
Total	2919	2913	2925	2925			
Total cases overreported					+6	+120	+120
Total cases underreported					-12	-114	-114
Balance					-6	+6	+6

¹Upazila marked by asterisk shows two months' performance and those without asterisk shows three months' performance.

Table 35.: Comparison among the actual BDG VASECTOMY performance collected from the clinic register, the upazila reported performance, the district reported performance, and MIS reported performance in the MMCP (MIS Monthly Computer Printout) by sample upazilas¹

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Dinajpur</u>							
Nawabgonj	265	265	265	265	0	0	0
<u>Nilphamari</u>							
Jaldhaka	12	12	12	12	0	0	0
Kishoregonj*	89	89	89	89	0	0	0
Dimla	14	13	13	13	-1	-1	-1
<u>Rangpur</u>							
Taragonj	279	279	280	280	0	+1	+1
Kownia	395	395	395	395	0	0	0
<u>Gaibanda</u>							
Sundergonj	104	104	104	104	0	0	0
Gobindogonj	239	239	239	239	0	0	0
<u>Lalmonirhat</u>							
Sadar	57	57	51	51	0	-6	-6
Kaligonj	53	53	48	48	0	-5	-5
Hatibandha*	14	14	14	14	0	0	0

(Table 35: Vasectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Bogra</u>							
Adamdighi	117	117	117	117	0	0	0
Sariakandi	1	2	9	9	+1	+8	+8
Sherpur	154	154	155	155	0	+1	+1
<u>Natore</u>							
Sadar	10	10	10	10	0	0	0
<u>Pabna</u>							
Sadar	164	74	74	74	-90	-90	-90
<u>Tangail</u>							
Gopalpur	0	0	0	0	0	0	0
Mirzapur	4	4	4	4	0	0	0
Ghatail	22	22	22	22	0	0	0
<u>Netrokona</u>							
Atpara	131	131	131	131	0	0	0
Kendua	77	77	77	77	0	0	0
Furbadhala	43	43	43	43	0	0	0

(Table 35: Vasectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified EDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Dhaka</u>							
Tejgoan	109	99	104	104	-10	-5	-5
<u>Narayangonj</u>							
Rupgonj	0	0	0	0	0	0	0
<u>Narsingdi</u>							
Belabo	1	1	1	1	0	0	0
Shibpur	10	10	10	10	0	0	0
<u>Munshigonj</u>							
Tongibari	0	0	3	3	0	+3	+3
<u>Mymensingh</u>							
Gouripur	1	1	21	21	0	+20	+20
<u>Khulna</u>							
Daulatpur	334	334	395	395	0	+61	+61
<u>Bagerhat</u>							
Kachua	118	118	119	119	0	+1	+1
Rampal	112	112	116	116	0	+4	+4

(Table 35: Vasectomy)

Upazilas	Verified BDG performance data collected from the clinic register	Upazila reported BDG performance	District reported BDG performance	MIS reported BDG performance in the MMCP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	MIS data
(1)	(2)	(3)	(4)	(5)	6=(3)-(2)	7=(4)-(2)	(8)=(5)-(2)
<u>Jessore</u>							
Kotwali	114	114	114	114	0	0	0
<u>Pirojpur</u>							
Sadar(MCWC+IFA)	113	87	87	87	-26	-26	-26
<u>Jhalakati</u>							
Rajapur	107	107	107	107	0	0	0
<u>Barguna</u>							
Sadar	366	366	366	366	0	0	0
<u>Brahmanbaria</u>							
Bancharampur	0	0	0	0	0	0	0
<u>Feni</u>							
Sadar	0	0	0	0	0	0	0
<u>Laxmipur</u>							
Sadar	0	0	17	17	0	+17	+17
Total	3629	3503	3612	3612			
Total cases overreported					+1	+116	+116
Total cases underreported					-127	-133	-133
Balance					-126	-17	-17

¹Upazila marked by asterisk shows two months' performance and those without asterisk shows three months' performance.

Table 36: Summary of the reporting differences of BDG performance among verified BDG performance data, upazila reported data, district reported data, and MIS reported data in the MMCP for the January-March, 1986 quarter¹

Reporting differences	Categories of clients	
	Tubectomy	Vasectomy
Verified BDG performance data for the selected upazilas -- i.e., collected at the upazilas	2,919	3,629
Performance for the selected upazilas according to the MMCP	2,925	3,612
Difference between verified BDG performance data and upazila reported data (net of underreporting and overreporting) ²	-6 (-0.2)	-126 (-3.5)
Difference between verified BDG performance data and district reported data (net of underreporting and overreporting) ³	+6 (+0.2)	-17 (-0.5)
Difference between verified BDG performance data and MIS reported data in the MMCP (net of underreporting and overreporting) ⁴	+6 (+0.2)	-17 (-0.5)

¹ Figures in the brackets are the percentage of the verified BDG performance data.

² From balance, column 6 in Tables 34 and 35.

³ From balance, column 7 in Tables 34 and 35.

⁴ From balance, column 8 in Tables 34 and 35.

4.1.2. Estimates of BDG component ratios of verified BDG performance data and MIS data:

Estimates of BDG component ratio have been computed by using the formula described below:

$$p = \frac{\sum_{i=1}^n a_i}{\sum_{i=1}^n m_i} \dots\dots\dots(1)$$

where, a_i = the verified BDG performance data in the i th sample upazilas

m_i = the MIS data from the MMCP for the i th sample upazilas

p = the estimate of the BDG component ratio of verified BDG performance data and MIS data

n = the number of sample upazilas = 38

The variance $V(P)$ of the estimate has been derived by using the equation:

$$V(P) = \frac{(N-n)}{Nn(n-1)} \frac{1}{\bar{M}^2} \left[\sum_{i=1}^n a_i^2 + p^2 \sum_{i=1}^n m_i^2 - 2p \sum_{i=1}^n a_i m_i \right]$$

where, N = total number of program upazilas¹ = 477

\bar{M} = the average performance per program upazila according to the MMCP

¹ Program upazilas were those that were listed in the MMCP during the quarter, January-March, 1986.

The results of the computation are displayed in Table 37. As can be seen from the table, the ratio of the verified BDG performance data to MMCP data for the BDG component was 0.998 for tubectomy cases, while for vasectomy, it was 1.005. The standard errors of the estimates as found by using formula (2) are 0.057 and 0.082 respectively.

Table 37: Estimates of BDG component ratios of the verified BDG performance data and MIS data in the MMCP

Estimates	Categories of clients	
	Tubectomy	Vasectomy
Ratio ¹	0.998	1.005
Standard errors	0.057	0.082

4.2. Reporting variations of NGO performance data:

4.2.1. Comparison among the verified NGO performance data, upazila data, district data, and MIS data:

To get an insight into the sterilization performances of NGOs as reported by different reporting tiers, data were collected during the field survey from those sample upazilas which were selected for the 'NGO stratum'. Table 38 shows all those sample upazilas and their corresponding NGO performance figures as reported by different reporting levels. In this table, the term 'verified NGO performance' means the performances found to have been done according to NGO clinic records in the selected upazilas. It was observed that the NGO clinics reported their monthly performance either to upazila FP offices or the district FP offices or in some cases to both the offices.

¹ Verified BDG performance data/BDG data in the MMCP

These reportings were in addition to the regular reporting to their respective NGO headquarters. However, for publication in the national MIS reports, district FP offices send NGO performance reports to the MIS. The MIS reports do not show NGO performances by upazilas. Instead, these are shown by districts only in the MMCP.

In order to find out the reporting variations of the NGO performances, a comparison has been attempted in Table 38. The summary of the comparison is shown at the bottom of the table. From the table it is clear that there was no difference between the verified NGO performance figures and the figures sent to NGO headquarters. On the other hand, some variations have been observed when the verified figures were compared with the corresponding figures sent to MIS by district FP offices. It has been done on the assumption that MIS would report only those NGO performance figures which are transmitted by district FP offices. By this comparison it has been found that NGO performances were underreported by district FP offices. Those underreportings were 0.9 percent and 0.5 percent of the verified NGO performances for tubectomy and vasectomy respectively. Therefore, this report makes an attempt below to derive an estimate of the ratio of the verified NGO performance data to the district reported NGO performance data, and then apply it to calculate the actual NGO performance of the reference quarter.

Table 38 : Comparison between actual NGO STERILIZATION performance collected from the NGO clinic register and from the different reporting tiers by sample upazilas

Upazila	NGO/NGO Clinic	Verified NGO performance		NGO performance sent to upazila		NGO performance sent to District FP office		NGO performance sent to NGO headquarters		NGO performance sent to MIS by District FP office		Difference between District FP office reported NGO performance and verified NGO performance	
		Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)=(11)-(3)	(14)=(12)-(4)
<u>Rajshahi</u>	BAVS	77	12	77	12	77	12	77	12	77	12	0	0
Sadar	FPAB	143	27	143	27	143	27	143	27	143	27	0	0
	Christian Mission Hospital	32	0	-	-	32	0	32	0	32	0	0	0
	Sub-total	252	39	220	39	252	39	252	39	252	39	0	0
<u>Naogaon</u>													
Sadar	BAVS	103	58	-	-	103	58	103	58	103	58	0	0
	Sub-total	103	58	-	-	103	58	103	58	103	58	0	0
<u>Natore</u>													
Sadar	BAVS	72	129	72	129	72	129	72	129	72	129	0	0
	Sub-total	72	129	72	129	72	129	72	129	72	129	0	0
<u>Faridpur</u>													
Sadar	BAVS	36	28	-	-	36	28	36	28	36	28	0	0
	FPAB	74	8	-	-	74	8	74	8	74	8	0	0
	Sub-total	110	36	-	-	110	36	110	36	110	36	0	0

Upazila	NGO/NGO Clinic	Verified NGO performance		NGO performance sent to upazila		NGO performance sent to District FP office		NGO performance sent to NGO headquarters		NGO performance sent to MIS by District FP office		Difference between District FP office reported NGO performance and verified NGO performance	
		Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)=(11)-(3)	(14)=(12)-(4)
<u>Jessore</u>	BAVS	47	256	-	-	47	256	47	256	47	256	0	0
Sadar	FPAB	29	327	-	-	29	327	29	327	29	327	0	0
	Sub-total	76	583	-	-	76	583	76	583	76	583	0	0
<u>Patuakhali</u>													
Sadar	FPAB	24	369	10	187	24	369	24	369	24	360	0	-9
	Sub-total	24	369	10	187	24	369	24	369	24	360	0	-9
<u>Kishoregonj</u>													
Sadar	BAVS	83	26	83	26	83	26	83	26	83	26	0	0
	Sub-total	83	26	83	26	83	26	83	26	83	26	0	0
<u>Tangail</u>													
Sadar	BAVS	111	244	-	-	111	244	111	244	111	244	0	0
	FPAB	107	62	-	-	107	62	107	62	107	62	0	0
	Sub-total	218	306	-	-	218	306	218	306	218	306	0	0
<u>Narsingdi</u>													
Sadar	BAVS	103	596	103	596	103	596	103	596	103	596	0	0
	Sub-total	103	596	103	596	103	596	103	596	103	596	0	0
<u>Comilla</u>													
Sadar	BAVS	52	71	-	-	52	71	52	71	52	71	0	0
	FPAB	87	51	87	51	87	51	87	51	87	51	0	0
	Sub-total	139	122	87	51	139	122	139	122	139	122	0	0

Upazila	NGO/NGO Clinic	Verified NGO performance		NGO performance sent to upazila		NGO performance sent to District FP office		NGO performance sent to NGO headquarters		NGO performance sent to MIS by District FP office		Difference between District FP office reported NGO performance and verified NGO performance	
		Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13) = (11) - (3)	(14) = (12) - (4)
<u>Pirojpur Sadar</u>	BAVS	29	75	29	75	29	75	29	75	21	73	-8	-2
	Sub-total	29	75	29	75	29	75	29	75	21	73	-8	-2
<u>Narayangonj Sadar</u>	M.D.F.P Setellite Clinic	30	10	30	10	-	-	30	10	27	9	-3	-1
	Sub-total	30	10	30	10	-	-	30	10	27	9	-3	-1
Total		1239	2349	634	1113	1209	2339	1239	2349	1228	2337		
Total cases overreported												0	0
Total cases underreported												-11	-12
Balance												-11	-12

4.2.2. Estimates of NGO component ratios of verified NGO performance data and district reported NGO performance data:

The estimates of the NGO component ratio have been computed by using the formula described below:

$$p = \frac{\sum_{i=1}^n a_i}{\sum_{i=1}^n m_i} \dots\dots\dots (1)$$

where, a_i = the verified NGO performance data in the i th sample upazila

m_i = the district reported to MIS data for the i th sample upazila

p = the estimate of the NGO component ratio of verified NGO performance data and district reported to MIS data

n = the number of sample upazilas = 12

The variance $V(P)$ of the estimate has been derived by using the equation:

$$V(P) = \frac{(N-n)}{Nn(n-1)} \frac{1}{\bar{M}^2} \left[\sum_{i=1}^n a_i^2 + p^2 \sum_{i=1}^n m_i^2 - 2p \sum_{i=1}^n a_i m_i \right] \dots\dots(2)$$

where, N = total number of program upazilas having at least one NGO clinic = 44

\bar{M} = the average NGO performance per program upazila according to the district reported to MIS data

The results of the computation are shown in Table 39. As can be seen from the table, the ratio of the verified NGO performance data to the district reported to MIS data for the NGO component was 1.009 for district reported tubectomy cases, while for vasectomy, it was 1.005. The standard errors of the estimate as found by using formula (2) are 0.025 and 0.010 respectively.

Table 39: Estimates of NGO component ratios of the verified NGO performance data and district reported NGO performance data

Estimates	Categories of clients	
	Tubectomy	Vasectomy
Ratio ¹	1.009	1.005
Standard errors	0.025	0.010

¹ Verified NGO performance data/NGO data in the district reported NGO performance data

4.3 Reported and estimated national, BDG, and NGO performances:

Table 40 shows, by tubectomy and vasectomy for the reference quarter the reported and estimated sterilization performances for the national, the BDG, and the NGO programs separately, as derived from the MMCP, the MMPR, and the verified BDG and NGO performance data. The performance of the national program (or the national performance) includes both the BDG and NGO sterilization performances done by the Government clinics while the NGO performance is the sterilization performance done by all the non-government organizations engaged in family planning activities.

It can be seen from line 10 of Table 40 that the estimated actual BDG performance during the reporting quarter was 20,437 cases of tubectomy and 17,457 cases of vasectomy. The estimated actual BDG performance was computed by applying the estimated BDG component ratio of the verified BDG performance data and the MIS data to the total of BDG performance shown in the MMCP. The estimated actual performance indicates overreporting in the MMCP (line 5) of BDG performances for the reference quarter by 41 cases of tubectomy and underreporting of 87 cases of vasectomy.

The estimated proportion of the actual BDG performance was calculated to find out the extent of overreporting or underreporting of the estimated BDG performance in the MMPR (line 3). The sixteenth line of Table 40 shows the proportion of the actual BDG performance in the MMPR. The proportion confirms that there was overstating of the total BDG performance in the MMPR, and the extent of overreporting was 9.5 percent for tubectomy and 21.6 percent for vasectomy.

The NGO performance for the reporting quarter, as indicated in the MMCP, was 7,171 cases of tubectomy and 14,580 cases of vasectomy (line 6, Table 40). The performance of major NGOs alone during the reference quarter as obtained from the annex of the MMPR was 5,408 cases of tubectomy and 9,903 cases of vasectomy (line 2, Table 40). BAVS (Bangladesh Association for Voluntary Sterilization), FPAB (Family Planning Association of Bangladesh), CHCP (Community Health Care Project), MFC (Mohammadpur Fertility Clinic), MSC (Metropolitan Satellite Clinic), and the Pathfinder Fund projects are the major sterilization performing NGOs. As can be seen from Table 40 there were differences between the performance of all NGOs as shown in the MMCP and the performance of major NGOs (derived from the attachment of the MMPR). For tubectomy, the difference was 1,763 cases (7,171-5,408) and for vasectomy the difference was 4,677 cases

(14,580-9,903). Therefore, the estimated actual NGO performance (line 14) was calculated to find out the extent of overreporting or underreporting in the MMPR. The estimated actual NGO performance was computed by applying the estimated NGO component ratio of the verified NGO clinic performance data and district reported to MIS data. The estimated actual performance indicates underreporting in the MMCP (line 6) of NGO performances for the reference quarter by 65 cases of tubectomy and 73 cases of vasectomy.

The seventeenth line of Table 40 shows the basis for adjustment of MMPR to obtain the actual NGO performance. The ratio conforms that 33.8 percent of tubectomy and 48.0 percent of vasectomy cases were not reflected in the MMPR.

On the other hand, the estimated actual national (BDG+NGO) performance (line 15) was also calculated to find out the extent of overreporting or underreporting in the national level. The estimated actual national performance was derived by adding the estimated actual BDG performance (line 10) and the estimated actual NGO performance (line 14). Line 18 of Table 40 shows the basis for adjustment of MMPR to obtain the actual national performance. The ratio confirms that there was overstating of the national performance in the MMPR to the extent of 1.2 percent (336 cases) in the case of tubectomy and understated in the case of vasectomy by 0.2 percent (64 cases).

Table 40: Reported, estimated national, BDG, NGO performances as derived from different sources for January-March 1986 quarter

Performances	Categories of clients	
	Tubectomy	Vasectomy
1. National performances as reported by MMPR = Z_1	28,001	32,162
2. Performance of major NGOs in the MMPR (from annex) = Z_2	5,408	9,903
3. Estimate of BDG performance in the MMPR = $Z_3 = Z_1 - Z_2$	22,593	22,259
4. National performance in the MMCP = Z_4	27,649	31,950
5. BDG performance in the MMCP = Z_5	20,478	17,370
6. Other programs (all NGOs) performances in the MMCP = Z_6	7,171	14,580
7. Verified BDG performance collected at the selected upazilas = Z_7	2,919	3,629
8. BDG performance for the selected upazilas according to MMCP = Z_8	2,925	3,612
9. Estimated BDG component ratio based on verified BDG clinic performance data and MIS data in the MMCP = $Z_9 = Z_7/Z_8$	0.998	1.005
10. Estimated actual BDG performance based on estimated BDG component ratio = $Z_{10} = Z_5 \times Z_9$	20,437	17,457
11. Verified NGO performance collected at the selected upazilas = Z_{11}	1,239	2,349
12. NGO performance for the selected upazilas according to district reported data to MIS = Z_{12}	1,228	2,337

Contd...

Table 40 contd.

Performances	Categories of clients	
	Tubectomy	Vasectomy
13. Estimated NGO component ratio based on verified NGO clinic performance data and district reported to MIS data = $Z_{13} = Z_{11}/Z_{12}$	1.009	1.005
14. Estimated actual NGO performance based on estimated NGO component ratio = $Z_{14} = Z_6 \times Z_{13}$	7,236	14,653
15. Estimated actual national performance = $Z_{15} = Z_{10} + Z_{14}$	27,673	32,110
16. Proportion of estimated actual BDG performance in the MMPR = $Z_{16} = Z_{10}/Z_3$	0.905	0.784
17. Basis for adjustment of MMPR to obtain actual NGO performance = $Z_{17} = Z_{14}/Z_2$	1.338	1.480
18. Basis for adjustment of MMPR to obtain actual national performance = $Z_{18} = Z_{15}/Z_1$	0.988	0.998

19. Overreporting(+)/underreporting(-) of performance in the MMPR:		
i. BDG performance ($1-Z_{16}$)	+0.095	+0.216
ii. NGO performance ($1-Z_{17}$)	-0.338	-0.480
iii. National performance ($1-Z_{18}$)	+0.012	-0.002

Chapter 5

FINDINGS OF THE EVALUATION

The findings of the evaluation of January-March, 1986 quarter have been presented in this chapter in a very summarized manner. For more details, reference should be made to the earlier chapters. The estimates in this chapter are all national estimates derived from the evaluation.

5.1. Estimated overreporting/underreporting of performance in the MMPR of MIS reported data:

NGO performance: The evaluation findings show that the total NGO performance in the MMPR has been underreported by an estimated 33.8 percent in the case of tubectomy and 48.0 percent in the case of vasectomy.

BDG performance: The overreporting of total BDG performance in the MMPR is estimated at 9.5 percent for tubectomy, and 21.6 percent for vasectomy.

National performance: The overreporting of total national performance in the MMPR is estimated at 1.2 percent in the case of tubectomy, while for vasectomy, the underreporting is 0.2 percent.

5.2. Estimated proportion of clients actually sterilized:

Tubectomy: The interview of the tubectomy clients revealed that 14 clients were sterilized before the quarter in the recorded clinic. One selected client could not be located in the field because her recorded address was non-existent. This 'address not found' client was therefore not verified and is presumed to be false case of sterilization. Under the assumption that 'address not found' cases

and those sterilized before the quarter, are false cases, the proportion of the false cases among the recorded tubectomy clients is estimated at $15/1247$ or 0.012. Thus, the proportion actually tubectomised is estimated at 98.8 percent of the clinic recorded performance.

Vasectomy: Among the interviewed vasectomy clients, 6 were found to be not sterilized, 18 clients were 'address not found' cases, 21 clients were sterilized before the quarter in the recorded clinic and one client was sterilized before the quarter in other than the recorded clinic. It is thus found that the number of false cases among the 1,147 vasectomy clients in the sample was 46 or 4.0 percent. Thus, the proportion actually sterilized is estimated at 96.0 percent of the clinic recorded performance.

The estimated proportion of the clients actually sterilized for each of the selected upazilas is shown in Appendix A (Table 4).

5.3. Estimated proportion of actually sterilized clients who had signed or put thumb impression on the USAID-approved informed consent form:

The estimated proportion is calculated on the number of clients found to be actually sterilized. In the case of tubectomy, the proportion of clients who had signed or put thumb impression on the USAID-approved informed consent form is estimated at 98.4 percent, while for vasectomy, it is 99.2 percent.

5.4. Estimated average amount paid to clients actually sterilized:

While calculating the average amount paid to the actually sterilized clients, referred to in sub-section 5.2 above, those reporting receipt of less than the approved amount were assumed to have received the

approved amount, if they were given free food and/or transport or both. The average amount paid, estimated in this way, comes to Tk.174.68 for tubectomy clients and Tk.172.60 for vasectomy clients as against the approved amount of Tk.175.00 for both tubectomy and vasectomy clients.

5.5. Estimated proportion of actually sterilized clients who had received surgical apparel and had also signed the USAID-approved informed consent forms:

The estimated proportion is calculated on the clients who were actually sterilized. Accordingly, in the case of tubectomy, the proportion of the clients who had received the surgical apparel is estimated at 98.4 percent, while for vasectomy, it is 98.3 percent.

5.6. Estimated proportion of actually sterilized clients who had received surgical apparel by whether the clients had signed the USAID-approved informed consent forms or not:

The estimated proportion is calculated on the actually sterilized clients. Accordingly, in the case of tubectomy, the proportion of the clients who had received the surgical apparel is estimated at 100.0 percent, while for vasectomy, it is 99.1 percent.

5.7. Estimated proportion of actual helpers:

The clinic recorded information on helpers is considered genuine; as such, no further estimation is needed.

5.8. Estimated average amount received by service providers/
helpers:

The estimation of these statistics is based on the service providers/helpers survey data. The survey data show that all the service providers (physicians and clinic staff) were reported to have received fees of the approved amount for each of the sterilized clients.

The interviewed helpers of 100.0 percent of the tubectomy clients and 99.3 percent of the vasectomy clients were reported to have received helper fees of the approved amount.

The current report is the fifth quarterly evaluation report under the contract with the USAID, Dhaka for the VS programs of both BDG and MCO done through nationally representative sample survey. A comparison of the key findings of the evaluation of VS program for the current quarter (January-March, 1986 quarter) with the last quarters (January-March 1985 quarter to October-December 1985 quarter) is shown in Table 41.

Earlier, seven (April-June 1983 quarter to October-December 1984 quarter) quarterly audits/evaluations of the VS program were also conducted by this firm. However, except for the October-December 1984 quarter, all those were termed audits while the latter was termed evaluation. The findings of the earlier quarters are shown in Table 5 of Appendix A as reference.

Table 41: Comparison of the key findings of the evaluation of VS program
for January-March 1986 quarter with the last quarters

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
1. Estimated proportion of clients actually sterilized:					
Tubectomy	97.6%	93.4%	98.9%	99.3%	98.8%
Vasectomy	88.9%	85.6%	94.2%	95.9%	96.0%
2. Estimated overreporting(+)/under-reporting(-) of the total BDG performance in the MIS data:					
Tubectomy	BDG +16.9%	BDG +17.6%	BDG +16.3%	BDG +15.8%	BDG +9.5%
	NGO -37.1%	NGO -55.3%	NGO -51.0%	NGO -35.8%	NGO -33.8%
Vasectomy	BDG +14.7%	BDG +17.1%	BDG +16.6%	BDG +14.6%	BDG +21.6%
	NGO -32.4%	NGO -45.7%	NGO -34.9%	NGO -43.2%	NGO -48.0%
3. Estimated average amount paid to clients actually sterilized:					
Tubectomy	Tk.174.86	Tk.174.45	Tk.174.84	Tk.174.80	Tk.174.68
Vasectomy	Tk.172.36	Tk.171.46	Tk.173.30	Tk.172.81	Tk.172.60
4. Estimated average amount paid to service providers/helpers:					
Tubectomy	Tk. 50.00	Tk. 60.00	Tk. 60.00	Tk. 60.00	Tk. 60.00
Vasectomy	Tk. 47.00	Tk. 57.00	Tk. 57.00	Tk. 57.00	Tk. 57.00
5. Estimated proportion of actual helpers:					
Tubectomy	86.1%	79.3%	82.8%	100.0%	100.0%
Vasectomy	74.5%	66.4%	63.0%	100.0%	100.0%

Contd...

Table 41 contd.

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
6. Estimated proportion of <u>actually sterilized</u> clients who had received surgical apparel and had also signed the USAID-approved informed consent forms:					
Tubectomy	93.5%	99.8%	97.3%	99.9%	98.4%
Vasectomy	92.7%	94.6%	97.4%	97.4%	98.3%
7. Estimated proportion of <u>actually sterilized</u> clients who had received surgical apparel by whether the clients had signed the USAID-approved informed consent forms or not:					
Tubectomy	100.0%	100.0%	100.0%	100.0%	100.0%
Vasectomy	97.0%	97.2%	97.9%	98.0%	99.1%
8. Estimated proportion of <u>actually sterilized</u> clients having USAID-approved informed consent forms signed/thumb impressed by clients:					
Tubectomy	93.5%	99.8%	97.3%	100.0%	98.4%
Vasectomy	95.3%	97.3%	99.5%	100.0%	99.2%
9a. Estimated proportion of clients whose consent form was missing among <u>actually sterilized</u> clients:					
Tubectomy	Nil	Nil	Nil	Nil	0.8%
Vasectomy	0.1%	Nil	Nil	Nil	0.4%
9b. Estimated proportion of clients whose consent form was not USAID-approved among <u>actually sterilized</u> clients:					
Tubectomy	4.1%	Nil	2.7%	Nil	0.4%
Vasectomy	4.1%	2.5%	0.3%	Nil	0.4%

Contd...

Table 41 contd.

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
9c. Estimated proportion of clients whose consent form was USAID-approved but not signed by client, among <u>actually sterilized clients</u> :					
Tubectomy	2.4%	0.2%	Nil	Nil	0.4%
Vasectomy	0.6%	0.2%	0.2%	Nil	Nil
10. Estimated proportion of clients having USAID-approved informed consent forms signed/thumb impressed by clients among <u>all the selected clients</u> :					
Tubectomy	94.2%	99.4%	97.0%	100.0%	98.5%
Vasectomy	93.3%	97.3%	99.6%	100.0%	99.2%
11. Proportion of clients sterilized two or more times:					
Tubectomy	Nil	Nil	Nil	Nil	Nil
Vasectomy	3.0%	0.1%	0.1%	0.2%	Nil
12. Mean age (in years) of clients:					
Tubectomy	29.9	29.0	28.7	29.9	29.3
Vasectomy	44.1	42.2	42.2	40.4	44.0
13. Proportion of clients under 20 years old:					
Tubectomy	0.8%	Nil	0.9%	1.8%	0.3%
Vasectomy	Nil	0.1%	Nil	Nil	Nil
14. Proportion of clients over 49 years old:					
Tubectomy	Nil	Nil	Nil	Nil	0.2%
Vasectomy	28.4%	21.3%	17.7%	15.7%	22.1%

Contd...

Table 41 contd.

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
15. Mean number of living children:					
Tubectomy	3.7	4.0	3.6	3.7	3.6
Vasectomy	3.9	3.8	4.0	3.7	4.2
16. Proportion of clients with 0-1-2 children:					
<u>Tubectomy</u>					
0	0.3%	0.8%	0.8%	0.2%	0.3%
1	2.2%	1.0%	1.3%	3.2%	1.4%
2	19.8%	17.3%	18.6%	20.3%	20.2%
<u>Vasectomy</u>					
0	0.6%	0.1%	0.9%	0.7%	0.3%
1	2.0%	3.0%	1.2%	3.2%	0.7%
2	19.6%	15.4%	16.5%	18.7%	18.1%
17. Proportion of clients helped by (clinic recorded data):					
<u>Tubectomy</u>					
BDG fieldworker	a	a	36.1%	51.1%	45.2%
BAVS salaried fieldworker	a	a	13.6%	5.9%	10.6%
Other NGO fieldworker	a	a	25.2%	28.9%	24.3%
BDG registered agent	a	a	11.0%	7.5%	7.3%
BAVS registered agent	a	a	4.4%	1.3%	2.2%
Other NGO registered agent	a	a	2.8%	1.0%	2.7%
Registered Dai	a	a	6.9%	4.3%	7.7%

Contd...

Table 41 contd.

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
17.					
<u>Vasectomy</u>					
BDG fieldworker	a	a	29.7%	58.7%	30.3%
BAVS salaried fieldworker	a	a	7.6%	19.1%	18.3%
Other NGO fieldworker	a	a	13.5%	11.5%	10.5%
BDG registered agent	a	a	42.3%	6.3%	27.9%
BAVS registered agent	a	a	0.7%	0.9%	2.9%
Other NGO registered agent	a	a	1.0%	0.9%	8.5%
Registered Dai	a	a	4.7%	2.6%	1.6%
Not stated	a	a	0.5%	Nil	Nil
18.					
Proportion of clients helped by (survey data):					
<u>Tubectomy</u>					
BDG fieldworker	a	a	31.6%	40.5%	37.8%
BAVS salaried fieldworker	a	a	11.2%	4.8%	9.3%
Other NGO fieldworker	a	a	21.3%	25.8%	21.4%
BDG registered agent	a	a	9.1%	9.6%	9.6%
BAVS registered agent	a	a	6.0%	1.5%	2.5%
Other NGO registered agent	a	a	3.7%	2.0%	3.0%
Registered Dai	a	a	8.0%	6.8%	10.3%
Unspecified category	a	a	7.2%	7.2%	4.6%
Went alone	a	a	0.5%	1.2%	1.0%
Does not know	a	a	1.4%	0.6%	0.5%

Contd...

Table 41 contd.

Findings	Jan.-March '85 quarter	April-June '85 quarter	July-Sept. '85 quarter	Oct.-Dec. '85 quarter	Jan.-March '86 quarter
18.					
<u>Vasectomy</u>					
BDG fieldworker	a	a	19.6%	23.5%	27.6%
BAVS salaried fieldworker	a	a	6.8%	15.7%	17.6%
Other NGO fieldworker	a	a	12.0%	8.3%	9.2%
BDG registered agent	a	a	22.8%	6.1%	21.6%
BAVS registered agent	a	a	0.9%	1.3%	3.7%
Other NGO registered agent	a	a	1.8%	0.9%	8.5%
Registered Dai	a	a	4.4%	2.6%	2.1%
Unspecified category	a	a	22.3%	32.1%	3.5%
Went alone	a	a	8.3%	8.2%	5.0%
Does not know	a	a	1.1%	1.3%	1.2%

^aData were not collected for the quarters according to these categories of helpers

Table 1: Distribution of the sterilized clients in the selected upazilas
by evaluations and recorded residence¹

Recorded residence of clients	Evaluation Quarters					Overall
	January- March '85	April- June '85	July- September '85	October- December '85	January- March '86	
Within the upazila	9676 (53.1)	9190 (58.5)	6199 (56.5)	6385 (54.2)	6056 (58.8)	37,506 (56.0)
Outside the upazila	8546 (46.9)	6523 (41.5)	4771 (43.5)	5396 (45.8)	4241 (41.2)	29,477 (44.0)

¹ Figures without brackets are the absolute number, while those within brackets are the percentage of the column total

Table 2: Distribution of upazila-wise selected clients(unweighted) by address not found/not exist and persons providing evidences

Upazila	Number of address not found/non existent clients	Helper, FPO, FPA and villagers	Helper, village peer and villagers	Helper, FWA, and ward member	Helper, FPA, ward member and villagers	FPA, FWA, ward member and villagers	FPA, ward member, village peer and villagers	FPA, chairman, village peer, ward member and villagers	FPA, ward member and villagers	FPA, village doctor, ward member and villagers	NGO field-worker, school teachers, and ward members	Villagers
Sundargonj	1					1						
Adamdighi	1					1						
Pabna Sadar	3	1					1	1				
Natore Sadar	1		1									
Atpara	2			1	1							
Kachua	7					3			1	3		
Patuakhali Sadar	1										1	
Pirojpur Sadar	5											5
Total	21	1	1	1	1	5	1	1	1	3	1	5

Table 3: Distribution of actual number of informed consent forms
by categories and by selected upazilas

Upazilas	Categories of informed consent forms					All
	USAID-approved		Not approved by USAID		No informed consent form	
	Signed	Not signed	Signed	Not signed		
Hatibandha		3				3
Kaligonj		1				1
Sundargonj		1				1
Atpara					10	10
Jessore Sadar				3		3
Feni Sadar			4			4
Total		5	4	3	10	22

Table 4: Estimated proportions of clients actually sterilized by selected upazila

Upazilas	Weighted sample size			Proportion of actually sterilized cases for the sample ^{1,2}		
	Vas.	Tub.	All	Vas.	Tub.	All
	<u>BDG STRATUM</u>					
Hatibandha	4	18	22	1.00	1.00	1.00
Kaligonj	11	45	56	1.00	1.00	1.00
Sariakandi	1	13	14	1.00	1.00	1.00
Sherpur	21	29	50	0.95	1.00	0.98
Kaunia	78	14	92	0.97	1.00	0.98
Nawabgonj	55	18	73	1.00	1.00	1.00
Gobindagonj	61	9	70	0.84	1.00	0.86
Sundargonj	23	17	40	0.96	1.00	0.98
Lalmonirhat						
Sadar	4	48	52	1.00	1.00	1.00
Kishoregonj	9	86	95	1.00	0.94	0.95
Jaldhaka	3	23	26	1.00	1.00	1.00
Dimla	1	30	31	1.00	0.70	0.71
Taragonj	58	6	64	0.97	1.00	0.97
Adamdighi	24	6	30	0.92	1.00	0.93
Pabna Sadar	33	12	45	0.91	1.00	0.93
Natore Sadar	1	24	25	1.00	0.96	0.96
Gopalpur	-	26	26	-	1.00	1.00
Mirzapur	-	66	66	-	1.00	1.00
Ghatail	1	43	44	1.00	1.00	1.00
Atpara	23	19	42	0.91	1.00	0.95
Kendua	4	33	37	1.00	1.00	1.00
Purbadhala	9	9	18	1.00	1.00	1.00
Gouripur	-	11	11	-	1.00	1.00
Tejgaon	6	30	36	1.00	1.00	1.00
Belabo	1	14	15	1.00	1.00	1.00
Bancharampur	-	24	24	-	1.00	1.00
Rupgonj	-	13	13	-	1.00	1.00
Barguna	79	11	90	0.94	1.00	0.94
Jessore	29	4	33	1.00	1.00	1.00
Feni Sadar	-	39	39	-	1.00	1.00
Lakshmipur	-	28	28	-	1.00	1.00
Shibpur	2	10	12	1.00	1.00	1.00
Rajapur	24	1	25	1.00	1.00	1.00
Tongibari	-	13	13	-	1.00	1.00
Kachua	27	-	27	0.70	-	0.70
Daulatpur	74	2	76	1.00	1.00	1.00
Rampal	19	14	33	1.00	1.00	1.00
Pirojpur						
-MCWC	-	3	3	-	1.00	1.00
-IFA	24	-	24	0.71	-	0.71

Upazilas	Weighted sample size			Proportion of actually sterilized cases for the sample ^{1,2}		
	Vas.	Tub.	All	Vas.	Tub.	All
<u>NGO STRATUM</u>						
Faridpur	7	29	36	1.00	1.00	1.00
Naogaon	7	32	39	1.00	1.00	1.00
Boalia	5	66	71	1.00	1.00	1.00
Natore	30	19	49	1.00	1.00	1.00
Kishoregonj	7	19	26	1.00	1.00	1.00
Tangail	32	96	128	1.00	1.00	1.00
Narsingdi	94	76	170	1.00	1.00	1.00
Patuakhali	86	10	96	0.99	1.00	0.99
Jessore	136	24	160	1.00	1.00	1.00
Comilla	13	51	64	1.00	1.00	1.00
Pirojpur	18	7	25	1.00	1.00	1.00
Narayongonj	3	7	10	1.00	1.00	1.00
NATIONAL	1147	1247	2394	0.960	0.988	0.975

¹ After field survey of clients, the clients excluding those falling under the category, 'address not found', 'never sterilized clients', 'operations not done in the quarter' and 'operation not done in recorded clinic' have been considered as actually sterilized.

² This proportional estimate will not be used to estimate upazila performance because of the small sample. Instead the aggregated estimates will be used.

Table 5: The key findings of the audits/evaluations of the previous quarters based only on the survey of BDG clinics

Findings	AUDIT/EVALUATION QUARTERS							
	April-June	July-Sept.	Oct.-Dec.	Janu.-March	April-June	July-Sept.	Oct.-Dec.	
	1983	1983	1983	1984	1984	1984	1984	
1. Estimated proportion of clients actually sterilized:								
Tubectomy	97.7%	97.2%	97.8%	97.0%	93.2%	97.7%	98.8%	
Vasectomy	87.6%	88.1%	91.2%	91.8%	82.3%	89.6%	91.2%	
2. Estimated overreporting(+)/underreporting(-) of the total BDG performance in the MIS data:								
Tubectomy	a	a	+3.9%	+3.2%	+2.6%	+4.5%	BDG +9.8%	NGO -5.2%
Vasectomy	a	a	+2.5%	-8.4%	-5.7%	+0.1%	BDG +8.7%	NGO -3.0%
3. Estimated average amount paid to clients actually sterilized:								
Tubectomy	Tk.107.75	Tk.104.48	Tk.107.34; & Tk.173.40 (enhanced rate)	Tk.174.25	Tk.174.05	Tk.174.69	Tk.174.37	
Vasectomy	Tk. 95.39	Tk. 94.25	Tk. 94.65; & Tk.174.56 (enhanced rate)	Tk.174.23	Tk.173.97	Tk.173.02	Tk.172.55	
4. Estimated average amount paid to service providers/referrers:								
Tubectomy	Tk. 38.00	Tk. 38.00	Tk. 38.00; & Tk. 50.00 (enhanced rate)	Tk. 50.00	Tk. 50.00	Tk. 50.00	Tk. 50.00	
Vasectomy	Tk. 36.00	Tk. 36.00	Tk. 36.00; & Tk. 47.00 (enhanced rate)	Tk. 47.00	Tk. 47.00	Tk. 47.00	Tk. 47.00	

^aData were not collected for the quarter.

Findings	AUDIT/EVALUATION QUARTERS						
	April-June	July-Sept.	Oct.-Dec.	Janu.-March	April-June	July-Sept.	Oct.-Dec.
	1983	1983	1983	1984	1984	1984	1984
5. Estimated proportion of actual referrers:							
Tubectomy	-	-	86.9%	87.4%	87.5%	83.9%	83.4%
Vasectomy	-	-	76.1%	75.4%	72.9%	70.5%	74.3%
6. Estimated proportion of clients who did not receive surgical apparel (survey data):							
Tubectomy	0.6%	0.3%	0.4%	0.8%	0.2%	Nil	0.1%
Vasectomy					4.0%	7.0%	8.1%
7. Estimated proportion of <u>actually sterilized clients</u> having USAID-approved informed consent forms signed/thumb impressed by clients:							
Tubectomy	-	-	-	-	-	-	96.4%
Vasectomy	-	-	-	-	-	-	90.0%
8.a) Estimated proportion of clients whose consent form was missing <u>among actually sterilized clients</u> :							
Tubectomy	-	-	-	-	-	-	1.5%
Vasectomy	-	-	-	-	-	-	3.3%
8.b) Estimated proportion of clients whose consent form was not <u>USAID-approved among actually sterilized clients</u> :							
Tubectomy	-	-	-	-	-	-	0.9%
Vasectomy	-	-	-	-	-	-	4.1%

hp

Findings	AUDIT/EVALUATION QUARTERS						
	April-June 1983	July-Sept. 1983	Oct.-Dec. 1983	Janu.-March 1984	April-June 1984	July-Sept. 1984	Oct.-Dec. 1984
8.c) Estimated proportion of clients whose consent form was USAID-approved but not signed by client, <u>among actually sterilized clients:</u>							
Tubectomy	-	-	-	-	-	-	1.2%
Vasectomy	-	-	-	-	-	-	2.6%
9. Estimated proportion of clients having USAID-approved informed consent forms signed/thumb impressed by clients <u>among all the selected clients:</u>							
Tubectomy	91.2%	92.8%	91.6%	81.3%	94.2%	94.1%	96.4%
Vasectomy	88.9%	94.6%	89.1%	87.4%	87.3%	95.3%	89.1%
10. Proportion of clients sterilized two or more times:							
Tubectomy	Nil	Nil	0.1%	Nil	Nil	Nil	Nil
Vasectomy	0.9%	3.9%	1.3%	Nil	0.9%	0.2%	0.6%
11. Mean age (in years) of clients (survey data):							
Tubectomy	29.4	29.4	29.7	29.4	30.3	30.3	29.9
Vasectomy	39.1	39.7	40.0	40.3	42.3	43.1	43.7
12. Proportion of clients under 20 years old (survey data):							
Tubectomy	0.8%	1.4%	0.4%	1.2%	Nil	0.5%	0.3%
Vasectomy	Nil	Nil	0.1%	Nil	Nil	0.2%	Nil

Findings	AUDIT/EVALUATION QUARTERS						
	April-June 1983	July-Sept. 1983	Oct.-Dec. 1983	Janu.-March 1984	April-June 1984	July-Sept. 1984	Oct.-Dec. 1984
13. Proportion of clients over 49 years old (survey data):							
Tubectomy	Nil	Nil	0.2%	Nil	Nil	Nil	0.1%
Vasectomy	7.8%	12.6%	10.7%	12.3%	19.5%	22.2%	23.3%
14. Mean number of living children (survey data);							
Tubectomy	3.9	4.2	4.0	3.8	4.0	3.9	4.0
Vasectomy	3.8	3.9	3.9	3.9	4.1	3.8	4.1
15. Proportion of clients with 0-1-2 children (survey data):							
<u>Tubectomy</u>							
0	Nil	Nil	0.2%	0.5%	0.2%	0.1%	0.3%
1	3.0%	3.0%	1.8%	2.6%	1.8%	2.0%	2.7%
2	19.3%	16.2%	17.1%	18.4%	15.4%	17.8%	16.8%
<u>Vasectomy</u>							
0	Nil	0.9%	Nil	0.4%	Nil	1.7%	0.6%
1	3.5%	5.2%	3.9%	3.1%	3.0%	3.1%	3.5%
2	18.3%	14.3%	17.2%	22.7%	14.0%	17.2%	15.2%
16. Proportion of clients referred by (clinic record data) ¹ :							
<u>Tubectomy</u>							
Fieldworker		59.9%	38.6%	41.4%	45.7%	53.9%	51.0%
Dai	100.0%	21.4%	29.4%	30.8%	24.6%	25.8%	29.4%
General public		18.7%	31.8%	27.8%	29.4%	20.3%	19.6%
<u>Vasectomy</u>							
Fieldworker		59.7%	29.6%	15.2%	26.9%	22.0%	21.8%
Dai	100.0%	17.6%	27.0%	38.6%	30.4%	36.6%	36.4%
General public		22.6%	43.3%	46.2%	42.7%	41.4%	41.8%

¹Dai payments were introduced in July 1983 and general public payments in mid August 1983.

Findings	AUDIT/EVALUATION QUARTERS						
	April-June 1983	July-Sept. 1983	Oct.-Dec. 1983	Janu.-March 1984	April-June 1984	July-Sept. 1984	Oct.-Dec. 1984
17. Proportion of clients referred by (survey data) ² :							
<u>Tubectomy</u>							
Fieldworker	-	-	-	42.5%	47.4%	55.7%	42.4%
Dai	-	-	-	31.0%	21.8%	21.7%	24.7%
General public	-	-	-	25.9%	30.0%	21.4%	30.2%
Went alone	-	-	-	0.3%	0.6%	0.4%	1.5%
Does not know	-	-	-	0.2%	0.2%	0.8%	1.2%
<u>Vasectomy</u>							
Fieldworker	-	-	-	14.6%	24.3%	26.5%	17.2%
Dai	-	-	-	33.8%	31.0%	37.0%	21.8%
General public	-	-	-	45.4%	39.8%	32.8%	48.4%
Went alone	-	-	-	5.4%	3.4%	7.3%	11.1%
Does not know	-	-	-	0.8%	1.5%	2.4%	1.5%

¹ Tables were not prepared for first three quarters.

APPENDIX - B

Interviewing schedule for the client

B. CLINIC IDENTIFICATION:

Name of the clinic : _____

Name of the NGO : _____

Address of the clinic : _____

Type of clinic: BDG clinic BAVS clinic Other NGO clinic

C. TIME:

Date of admission : _____

Date of operation : _____

Date of release : _____

D. HELPER:

Name of the helper : _____

Type of helper :

BDG FP fieldworker	<input type="checkbox"/> 1	Other NGO registered agent	<input type="checkbox"/> 6
BAVS salaried fieldworker	<input type="checkbox"/> 2	FP fieldworker (not ascertained whether BDG or NGO)	<input type="checkbox"/> 7
Other NGO fieldworker	<input type="checkbox"/> 3	Registered Dai	<input type="checkbox"/> 8
BDG registered agent	<input type="checkbox"/> 4	Others _____ (specify)	<input type="checkbox"/> 9
BAVS registered agent	<input type="checkbox"/> 5		

Address of the helper : _____

E. INFORMED CONSENT FORM (ICF):

(i) Type of ICF:

USAID approved	<input type="checkbox"/> 1	BDG ICF without stamp	<input type="checkbox"/> 2
Others	<input type="checkbox"/> 3	No ICF	<input type="checkbox"/> 4 (SKIP TO F)

(ii) Signing/Thumb impression by:

Client	Signed	<input type="checkbox"/> 1	Not signed	<input type="checkbox"/> 2
Physician :	Signed	<input type="checkbox"/> 1	Not signed	<input type="checkbox"/> 2
Witness :	Signed	<input type="checkbox"/> 1	Not signed	<input type="checkbox"/> 2

F. INFORMATION COLLECTED BY:

Name : _____ Date : _____

INTERVIEWING SCHEDULE FOR THE CLIENT

Information on Attempts

Attempt No.	1	2	3	4
Date				
Person Assisting*				
Result Codes**				
Interviewer Code				
<u>*PERSON ASSISTING</u>				
None	1	Village Peers	5	
Helper	2	Villagers	6	
F.P. Worker (Govt.)	3	Ward Members	7	
NGO Worker	4	Other _____ (specify)	8	
<u>**RESULT CODES</u>				
Client located			1	
Address found, but no such person ever lived at that address			2	
Address found, but client has permanently left that address			3	
Address found, but client was only temporarily visiting there			4	
Address does not exist/not found			5	
Address given on forms was incomplete			6	
No attempt made to locate client			7	

(specify reason)				
Other _____			8	
(specify)				
<p>INTERVIEWER: If the result code is <u>other than 1</u>, write down <u>below</u> the reasons and collect evidences from local FWA, FPA, NGO workers, helpers, Ward Members.</p> <p>Reasons: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Interview Information

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

*Result Codes

Completed 1

Respondent not available 2

Deferred 3

Refused 4

Others _____ 5
(specify)

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

General Information Section

101. Please tell me your name : _____

102. Do you have any other names?

Yes 1 No 2

(SKIP TO 104)

103. Please tell me all those names. (PROBE)

(Client's all other reported names)

104. What is your husband's/father's name?

(Husband's/father's name)

105. Does he have any other names?

Yes 1 No 2

(SKIP TO 107)

106. Please tell me his names.

(Husband's/father's all other names)

107. (Interviewer: Tick the appropriate box)

(a) Reported names of the respondent and those of the respondent's husband/father			
Same as recorded	<input type="checkbox"/> 1	Respondent's reported name is different from her/his recorded name	<input type="checkbox"/> 2
Respondent's husband's/father's reported name is different from that recorded	<input type="checkbox"/> 3	Others (specify)	<input type="checkbox"/> 4

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

_____ years (in complete years)

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

Yes 1 No 2

(SKIP TO 112)

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

Primary school 1 Secondary school 2

College/university 3 Madrasha 4

Others _____ 5
(specify)

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

_____ Class.

112. What is your religion?

Islam 1 Hinduism 2

Christianity 3 Buddhism 4

Others _____ 5
(specify)

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

Yes 1 No 2

(SKIP TO 115)

114. Did you/your wife earn any money last year by doing this work?

Yes 1 No 2

115. How old is your husband/wife? (Interviewer: Assist her/him in determining the exact age)

_____ years (in complete years)

116. Did your husband/wife ever read in a school?

Yes 1 No 2

(SKIP TO 119)

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

Primary school 1 Secondary school 2

College/university 3 Madrasha 4

Don't know 5 Others _____ 6
(specify)

(SKIP TO 119)

118. What was the highest class in that institute that your husband/wife passed?

_____ Class.

119. What is the main occupation of your husband/what is your main occupation?

Agriculture 1 Business 2

Day labour 3 Service 4

Without work 5 Others _____ 6
(specify)

120. Does your family own any agricultural land?

Yes 1 No 2

121. Now I want to ask you some other personal questions.
How many of your children are alive now?

Son _____ Daughter _____ Total _____

122. How long ago was your youngest child born? (PROBE)

_____ years _____ months.

123. Are you or is your husband/wife now using any family planning method?

Yes 1 No 2

(SKIP TO 126)

124. What is the method that you are or your husband/wife is using now?

(Name of the method)

125. (Interviewer: If the method mentioned is tubectomy/vasectomy, go to 127 and tick the box labelled sterilized)

126. a. (For female respondent ask this question): Some women have an operation called female sterilization (or tubectomy) in order not to have any more children. Have you ever heard of this method?
- b. (For male respondent ask this question): Some men have an operation called male sterilization (or vasectomy) so that their wives will not have any more children. Have you ever heard of this method?

Heard 1 Did not hear 2

(SKIP TO 204)

127. Have you yourself undergone such operation?

Sterilized 1 Not sterilized 2

(SKIP TO 204)

Clinic Verification Section

201. Do you know the name and address of the place/office/center/clinic where you were operated upon for sterilization?

Yes 1 No 2

(SKIP TO 204)

202. Please tell me the name and address of the center.

Name : _____

Address : _____

203. (Interviewer: Tick the appropriate box)

Sterilized in the recorded clinic 1 Sterilized in a different clinic 2

(SKIP TO 301)

204. Do you know or have you ever heard of the name of the following family planning office/hospital/clinic?

Name and address of the recorded clinic/hospital: _____

Yes 1 No 2

(SKIP TO 207)

205. Have you ever visited that office/hospital/clinic?

Yes 1 No 2

(SKIP TO 207)

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

207. (Interviewer: Tick the appropriate box)

Sterilized in the recorded clinic only 1 Sterilized in both recorded clinic and other clinic 2
(SKIP TO 301)

Sterilized in other than the recorded clinic 3 Not sterilized 4
(SKIP TO 301) (SKIP TO 804)

208. It is evident that you have had two operations. Do you agree? (PROBE)

Yes 1 No 2
(SKIP TO 301)

209. Why did you go for double operation?

210. Which were those clinics where you got sterilized for the first and the second time? (PROBE)

Name of clinics:

First operation _____

Second operation _____

(SKIP TO 307)

Time Verification Section

301. How long ago were you sterilized? (PROBE)

Date _____
 or _____ Days/Months/Years ago.

302. (Interviewer: Tick the appropriate box)

Within the quarter 1 Before the quarter 2

(SKIP TO 401)

303. Did you visit any clinic any time within the last
 _____ month(s)?

Within the quarter (Yes) 1 Before the quarter (No) 2

(SKIP TO 404)

304. Why did you visit the center? (PROBE)

305. (Interviewer: Tick the appropriate box)

For sterilization 1 For other purposes 2

306. Did you undergo operations twice?

Yes 1 No 2

(SKIP TO 401)

307. It is evident that you have had two operations. How long ago did you have the first operation and how long ago the second? (PROBE)

First operation:

Within the quarter 1

Before the quarter 2 _____
(Month/year ago)

Second operation:

Within the quarter 1

Before the quarter 2 _____
(Month/year ago)

(SKIP TO 408)

Helper Verification Section

401. Did you go to the sterilization center alone or with somebody?

With somebody 1 Alone 2

(SKIP TO 404)

402. With whom did you go?

Name : _____

Type of helper: _____

Address : _____

403. (Interviewer: Tick the appropriate box)

Recorded helper 1 Other than the 2
recorded helper

(SKIP TO 501)

Does not know/remember the helper 3

404. Do you know the following person?

Name and address of the recorded helper

Yes 1 No 2 Client himself/
herself 3

(SKIP TO 501)

(SKIP TO 501)

405. Did he take you to any clinic any time?

Yes 1 No 2

(SKIP TO 501)

///

406. Why did he take you to the clinic? (PROBE)

407. (Tick the appropriate box)

For sterilization 1 For other purposes 2

(SKIP TO 501) (SKIP TO 501)

408. a) Did _____ take you to clinic for the first
 (Recorded helper)
 operation? (PROBE)

Yes 1 No 2 Does not know 3

↓

With whom did you go?

Name _____

Type of helper _____

Address _____

b) Did you go with _____ (also) to clinic for
 (Recorded helper)
 the second operation? (PROBE)

Yes 1 No 2 Does not know 3

↓

With whom did you go?

Name _____

Type of helper _____

Address _____

Payment Verification Section

501. You have said that you underwent sterilization operation.
Did you receive any money for that?

Yes 1

No 2

(SKIP TO 506)

502. How much money did you receive? (PROBE)

_____ Amount

503. (Interviewer: Tick the appropriate box)

Received approved
amount 1

Received more than
the approved amount 2

(SKIP TO 601)

(SKIP TO 512)

Received less than
the approved amount 3

Does not know/
remember 4

504. Do you know for what items of expenses you were given
the money?

Yes 1

No 2

(SKIP TO 506)

505. Please tell me what those items of expenses were.

Food charge 1

Wage loss
compensation 2

Transporta-
tion cost 3

506. Were you served any food in the clinic?

Yes 1

No 2

(SKIP TO 509)

507. How many times? _____ times.

508. Was the food served free of cost or did you have to pay any money for that?

Free of cost 1 Paid for it 2

509. How did you go to the clinic?

On foot 1 Using some transport 2

(SKIP TO 512)

510. Was the fare for the transportation paid by yourself/ helper/office?

Paid by self 1 Paid by helper 2

Paid by office 3 Paid by other person (Specify) _____

511. How much money was paid? _____ amount.

Does not know 1

512. For how many days/hours did you stay in the center?

_____ Days/hours.

513. Do you know the prescribed amount that is paid to each sterilization client as food charge, transport allowance and wage-loss?

Yes 1 No 2

(SKIP TO 517)

514. What is the prescribed amount? _____
(amount)

515. (Interviewer: Tick the appropriate box)

Same as the reported amount	<input type="checkbox"/> 1	Different from the reported amount	<input type="checkbox"/> 2
-----------------------------------	----------------------------	--	----------------------------

(SKIP TO 517)

516. Why were you paid less/more?

(SKIP TO 601)

517. (Interviewer: Tick the appropriate box)

Received any amount	<input type="checkbox"/> 1	Did not receive any amount	<input type="checkbox"/> 2
------------------------	----------------------------	-------------------------------	----------------------------

(SKIP TO 601)

518. Did you receive the money Tk. _____
(reported amount)
directly from the office or through somebody?

From office	<input type="checkbox"/> 1	Through somebody	<input type="checkbox"/> 2
-------------	----------------------------	------------------	----------------------------

(SKIP TO 601)

519. Who was the person? (PROBE)

Surgical Apparel Verification Section

601. You have said that you underwent sterilization operation.
Did you receive any saree (for tubectomy client) or lungi
(for vasectomy client)?

Yes 1 No 2

(SKIP TO 701)

602. Did you receive any saree or lungi before the operation?

Yes 1 No 2

Receipt of unapproved items verification section

A. Apart from saree/lungi and money, were you given anything else for undergoing the sterilization operation?

Yes 1

No 2

(Skip to D)

B. Would you please tell me what were those things that you were given? (PROBE)

C. Who gave you those _____ and where and when?
(mentioned items)

Items	Who	Where	When

D. Before the operation, did anybody promise you anything apart from saree/lungi and money for undergoing the sterilization operation?

Yes 1

No 2

(Skip to J)

E. Who was the person that held out the promise

Name : _____

Occupation : _____

Address : _____

F. What did he tell you?

G. Did you receive those items that were promised to you?

Yes 1

No 2

↓

H. Could you please tell me the reasons why you were not given those _____?

(mentioned items)

(Skip to J)

I. Who gave you those _____ and where and when?

(mentioned items)

Items	Who	Where	When

J. (Interviewer: Record below your opinion, if any, on the information given by the respondent)

Verification of clients satisfaction

A. Before the operation did you know that you could not have any child after accepting sterilization?

Yes 1

No 2

B. Why did you then undertake sterilization?

C. How long had you seriously thought about having the sterilization method before you actually undertook it?

_____ Years _____ Months _____ Days

D. Did you talk to anyone who had already had a sterilization before your operation?

Yes 1

No 2

E. After you were sterilized did you suggest the sterilization method to anyone?

Yes 1

No 2

F. Would you suggest the method to anyone in the future?

Informed Consent Form Verification Section

701. Did you give your consent before undergoing operation for sterilization?

Yes 1 No 2

(SKIP TO 703)

702. Did you sign or put thumb impression on any paper/form to indicate your consent before undergoing the operation?

Yes 1 No 2

(SKIP TO 801)

703. (Interviewer: Please show the I.C. Form and ask)

Do you remember signing (putting your thumb impression) on a form like this before the operation?

Yes 1 No 2

Direct Verification Section

801. (Interviewer: Check 107 and tick the appropriate box)

Reported names are the same as those recorded (SKIP TO 808)	<input type="checkbox"/> 1	Client's reported name is different from the recorded name (SKIP TO 802)	<input type="checkbox"/> 2
Husband's/father's name is different from the recorded name (SKIP TO 803)	<input type="checkbox"/> 3	Others	<input type="checkbox"/> 4
		Specify _____ _____	(SKIP TO 802)

802. Family planning office/clinic/hospital records show that you recorded your name as _____
Is that correct? Moreover, is that your name?

Yes 1 No 2
(SKIP TO 808) (SKIP TO 808)

803. Family planning office/clinic/hospital records show that you recorded your husband's/father's name as _____
Is it correct?

Yes 1 No 2
(SKIP TO 808) (SKIP TO 808)

804. Family planning records show that you were sterilized in _____ on _____ These records also
(recorded clinic) (recorded date)
show that you went to the clinic for sterilization with _____ Do you confirm that these
(helper's name)
records are correct?

Yes 1 No 2
(SKIP TO 806)

805. It means that you are sterilized. Why did you not tell this first? (PROBE)

806. Perhaps you know that certain payments are made for food, transportation, wage-loss, etc. for undergoing sterilization operation. Have you received any such payment?

Yes 1 No 2

(SKIP TO 808)

807. Would you tell me how much money did you receive?

_____ Amount

808. Interviewer: Check 804, if 'No' is ticked, tick the not sterilized box, otherwise tick the sterilized box.

Sterilized 1 Not sterilized 2

(SKIP TO 901)

809. (Interviewer: Request for physical verification)
Can I see the cut mark of the sterilization operation?

Yes 1 No 2

(Request again, if disagrees,
SKIP TO 901)

810. (Interviewer: Make the physical verification and write the results below)

Sterilized 1 Not sterilized 2

For Clients Coming From Outside the
Selected Upazila

901. Now I would like to talk to you on a different subject. You belong to _____ upazila/thana whereas you have undergone sterilization in a clinic in _____ upazila/thana. May I know the reason? (PROBE)

902. How can one generally go from your house to that clinic/hospital? (PROBE)

(Interviewer: List the means of transport reported by the respondent in the 'Transport' column of the table below in order) _____ how far

(For each reported means of transport) one has to travel and how much time does it take? (PROBE)

Transport	Distance (in mile)	Time (in hours)

903. Do you know whether there is any clinic/hospital in your upazila/thana doing sterilization operations? (PROBE)

Yes 1

No 2

(SKIP TO 908)

904. Did you ever visit that clinic/hospital?

Yes 1

No 2

(SKIP TO 906)

905. Why did you visit that clinic/hospital? (PROBE)

906. How can one generally go from your house to that clinic/hospital? (PROBE)

(Interviewer: List the means of transport reported by the respondent in the 'Transport' column of the table below in order)

_____ how far one has to
(For each reported means of transport)
travel and how much time does it take? (PROBE)

Transport	Distance (in mile)	Time (in hours)

907. Would you please tell me the reasons why you did not go to that clinic for sterilization operation? (PROBE)

908. In which clinic have most of the sterilization clients in your area undergone sterilization operation?

Name of the clinic _____

Address _____

909. If anybody from your area would desire to undergo sterilization operation in future, which clinic would you recommend for him/her?

Name of the clinic _____

Address _____

910. Why would you recommend this clinic for the sterilization operation?

125

APPENDIX - B2

Interviewing Schedule for the Physician

EVALUATION OF VOLUNTARY STERILIZATION PROGRAM
INTERVIEWING SCHEDULE FOR THE PHYSICIAN

SAMPLE IDENTIFICATION											
Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Converted No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Stratum	<input type="text"/>		
PSU No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	TS	<input type="text"/>	ISU No.	<input type="text"/>	Type of clinic	<input type="text"/>	Sample client No.	<input type="text"/>

PHYSICIAN IDENTIFICATION		
Name of the physician: _____		
Name of the clinic : _____		
Address : _____		
Type of clinic:	BDG <input type="checkbox"/>	BAVS <input type="checkbox"/> Other NGO <input type="checkbox"/>

CLIENT IDENTIFICATION	
Name of the client : _____	Type of operation _____
Name of the husband/father : _____	
Occupation of the husband/father : _____	
Address : _____	

INTERVIEW INFORMATION				
Interview Call	1	2	3	4
Date				
Result Codes*				
Interviewer's code <input type="text"/>				
Result Codes*	Completed - 1	Refused - 3		
	Respondent not available - 2	Transfer - 4		
		Others(specify)- 8		

127

1. I would like to ask you some questions concerning your participation in the family planning program. I hope you will extend your cooperation in answering my questions. Please, tell me, what duties you are required to perform in relation to the family planning program.

2.

INTERVIEWER: TICK THE APPROPRIATE BOX

Include performing sterilization operation 1 Do not include performing sterilization operation 2
(SKIP TO 4)

3. Do you perform sterilization operation?

Yes 1 No 2

(SKIP TO 15)

4. Do you yourself conduct all the pre-operative tests pertaining to the client you operate?

Yes 1 No 2

(SKIP TO 6)

5. Who conducts the tests?

6. What are the pre-operative tests usually conducted pertaining to clients you operate? (PROBE)

7. Did you perform any sterilization operation during the period between _____ and _____ (or now)?
(beginning month) (ending month)

Yes 1

No 2

(SKIP TO 16)

8. Do you receive any money for performing sterilization operation?

Yes 1

No 2

(SKIP TO 15)

9. How much money do you receive for each client you operate?

(amount)

10.

INTERVIEWER: TICK THE APPROPRIATE BOX

same as the approved amount 1

Less than the approved amount 2

(SKIP TO 16)

More than the approved amount 3

11. Do you know the prescribed amount that is paid to the operating physician for a client he/she operates?

Yes 1

No 2

(SKIP TO 16)

12. What is the prescribed amount?

(amount)

13.

INTERVIEWER: TICK THE APPROPRIATE BOX

Same as the reported amount 1
(SKIP TO 16)

Different from the reported amount 2

14. Why were you paid less/more?

(SKIP TO 16)

15. Do you know that there is a fee for the operating physician for each client he/she operates?

Yes 1 No 2

16. (But) Family planning records show that you operated Mr./Mrs. _____ during the month of _____ and received Tk. _____. Would you say that the information is true?

Yes 1 No 2

(SKIP TO 18)

17. Why it is not true?

18. Thank you very much for cooperation and for giving me your valuable time.

APPENDIX - B3

Interviewing Schedule for the Clinic Assistant

EVALUATION OF VOLUNTARY STERILIZATION PROGRAM
 INTERVIEWING SCHEDULE FOR THE CLINIC ASSISTANT

SAMPLE IDENTIFICATION				
Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Converted No.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Stratum
	<input type="text"/>			<input type="text"/>
PSU No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	TS
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				ISU No.
				<input type="text"/>
				Type of clinic
				<input type="text"/>
				Sample client No.
				<input type="text"/>

CLINIC ASSISTANT IDENTIFICATION		
Name of the Clinic Assistant : _____		
Name of the clinic : _____		
Address : _____		
Type of clinic:	BDG <input type="checkbox"/>	BAVS <input type="checkbox"/>
		Other NGO <input type="checkbox"/>

CLIENT IDENTIFICATION	
Name of the client : _____	Type of operation _____
Name of the husband/father : _____	
Occupation of the husband/father : _____	
Address : _____	

INTERVIEW INFORMATION				
Interview Call	1	2	3	4
Date				
Result Codes*				
Interviewer's code <input type="text"/>				
<u>Result Codes*</u>	Completed - 1	Refused - 3		
	Respondent not available - 2	Left the clinic - 4		
		Other(specify)..... 8		

- 1. I would like to ask you some questions concerning your duties pertaining to sterilization operation. Please tell me what _____ for sterilization of client?

2.

INTERVIEWER: TICK THE APPROPRIATE BOX

Assists in the performance of sterilization operation 1
 (SKIP TO 5)

Does not assist in the performance of sterilization operation 2

- 3. Do you assist in the performance of sterilization operation?

Yes 1

No 2

(SKIP TO 13)

- 4. What assistance do you usually offer? (PROBE)

- 5. Did you offer any assistance for sterilization operation done during the period between _____ and _____ (beginning month ending month) (or now)?

Yes 1

No 2

(SKIP TO 14)

6. Do you receive any money for offering assistance in the performance of sterilization operation?

Yes 1 No 2

(SKIP TO 13)

7. How much money do you receive for each client?

_____ (amount)

8.

INTERVIEWER: TICK THE APPROPRIATE BOX

Same as the approved amount 1 Less than the approved amount 2 More than the approved amount 3

(SKIP TO 14)

9. Do you know the prescribed amount that is paid to the person assisting in the performance of sterilization operation?

Yes 1 No 2

(SKIP TO 14)

10. What is the prescribed amount?

_____ (amount)

11.

INTERVIEWER: TICK THE APPROPRIATE BOX

Same as the reported amount 1 Different from the reported amount 2

(SKIP TO 14)

12. Why were you paid less/more?

(SKIP TO 14)

13. Do you know that there is a fee for the person assisting in the performance of sterilization for each client?

Yes 1

No 2

14. (But) Family planning records show that you assisted in the operation of the client Mr./Mrs. _____ on _____ and received Tk. _____
Would you say that this record is true?

Yes 1

No 2

(SKIP TO 16)

15. Why it is not true?

16. Thank you very much for your cooperation and for giving me your valuable time.

135

APPENDIX - B4

Interviewing Schedule for the Helper

EVALUATION OF VOLUNTARY STERILIZATION PROGRAM

INTERVIEWING SCHEDULE FOR THE HELPER

SAMPLE IDENTIFICATION					
Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Converted No.	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
				Stratum	<input type="checkbox"/>
PSU No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	TS	<input type="checkbox"/>
				ISU No.	<input type="text"/>
				Type of clinic	<input type="checkbox"/>
				Sample client No.	<input type="text"/>

HELPER IDENTIFICATION	
Name of the helper _____	Type of helper _____
Name of clinic : _____	
Address : _____	
Type of clinic: BDG <input type="checkbox"/>	BAVS <input type="checkbox"/>
	Other NGO <input type="checkbox"/>

CLIENT IDENTIFICATION	
Name of the client : _____	Type of operation _____
Name of the husband/father : _____	
Occupation of the husband/father : _____	
Address : _____	

INTERVIEW INFORMATION				
Interview Call	1	2	3	4
Date				
Result Codes*				
Result Codes*	Interviewer's code <input type="text"/>			
	Completed	- 1	Address not found	- 4
	Respondent not available	- 2	Left the address	- 5
	Refused	- 3	Others(specify)....	8

1. Please tell me what is your main occupation. (PROBE)

(occupation)

2.

INTERVIEWER: TICK THE APPROPRIATE BOX

Govt. FP worker 1 NGO FP worker 2 Dai 3 Other occupation 4
(SKIP TO 4) (SKIP TO 4)

3. Are you a registered Dai/Agent in family planning program?

Yes No 2

(SKIP TO 6)

4. Please tell me your duties in the family planning program. (PROBE)

5.

INTERVIEWER: TICK THE APPROPRIATE BOX

Include helping of sterilization clients 1 Do not include helping of sterilization clients 2

(SKIP TO 8)

6. Do you help sterilization clients to the _____?
(recorded clinic)

Yes 1 No 2

(SKIP TO 18)

7. Why do you help sterilization clients to the clinic?

For earning an income 1 For other reasons 2

Specify _____

138

8. Have you helped any sterilization client during the period between _____ and _____
(beginning month) (ending month)
(or now)?

Yes 1 No 2

(SKIP TO 19)

9. How many clients have you helped during that period?
_____ Number Don't recall _____

10. Was _____ one of your clients
(name of the recorded client)
that you helped?

Yes 1 No 2

(SKIP TO 19)

11. Did you receive any money for helping _____?
(name of the client)

Yes 1 No 2

(SKIP TO 18)

12. How much did you receive for helping the client?
_____ Don't know
(amount)

(SKIP TO 19)

13.

INTERVIEWER: TICK THE APPROPRIATE BOX

The approved amount 1 Less than the approved amount 2 More than the approved amount 3

(SKIP TO 21)

139

14. Do you know the prescribed amount that is paid to the helper for a client he/she helps?

Yes 1 No 2

(SKIP TO 18)

15. What is the amount?

_____ (amount) Don't know

(SKIP TO 19)

16.

INTERVIEWER: TICK THE APPROPRIATE BOX

Same as the reported amount 1 Different from the approved amount 2

(SKIP TO 21)

17. Why were you paid more/less?

(SKIP TO 21)

18. Do you know that the helper of sterilization clients is paid a fee for each client he/she helps?

Yes 1 No 2

19. (But) Family planning records show that you helped the client Mr./Mrs. _____ during the month of _____ and received Tk. _____ for that reason. Would you say that the information is true?

Yes 1 No 2

(SKIP TO 21)

20. Why it is not true?

21. Thank you very much for your time.