

PDAAS-306
42595

EVALUATION OF THE VOLUNTARY
STERILIZATION PROGRAM

Report for the Quarter April-June 1985

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December 07, 1985

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	7
2.2. Service provider (physician and clinic staff)/referrer sample	11
2.3. Field activities	11
2.4. Field work	13
2.5. Data processing	14
Chapter 3: RESULTS OF FIELD SURVEY	15
3.1. Results of field survey of clients	16
3.1.1. Locating the clients	17
3.1.2. Clinic verification	19
3.1.3. Time verification	19
3.1.4. Cross verification of clinic and time	22
3.1.5. Estimation of actually sterilized clients among the selected clients	24
3.1.6. Verification of informed consent forms	26
3.1.7. Verification of surgical apparel	28
3.1.8. Payment verification	28
3.1.9. Verification of unapproved items	33
3.1.10. Verification of the referrer	33
3.1.11. Background characteristics of the clients	34
3.1.11.1. Age	34
3.1.11.2. Number of living children	34
3.1.11.3. Other client characteristics	39

	<u>Page</u>
3.2. Results of field survey of the service providers/referrers	43
3.2.1. Interviewing of the service providers/referrers	43
3.2.2. Payment verification	44
Chapter 4: REPORTING VARIATIONS	45
4.1. Reporting variations of BDG performance data	47
4.1.1. Comparison among the verified BDG performance data, upazila data, district data, and MIS data	47
4.1.2. Estimates of BDG component ratios of verified BDG performance data and MIS data	57
4.2. Reporting variations of NGO performance data	59
4.2.1. Comparison among the verified NGO performance data, upazila data, district data, and MIS data	59
4.2.2. Estimates of NGO component ratios of verified NGO performance data and district reported NGO performance data	60
4.3. Reported and estimated national, BDG, and NGO performances	64
Chapter 5: FINDINGS OF THE EVALUATION	69
5.1. Estimated overreporting/underreporting of performances in the MMPR of MIS reported data	69
5.2. Estimated proportion of clients actually sterilized	69
5.3. Estimated proportion of actually sterilized clients who had signed or put thumb impression on the USAID-approved informed consent form	70
5.4. Estimated average amount paid to clients actually sterilized	71

	<u>Page</u>
5.5. Estimated proportion of actually sterilized clients who had received surgical apparel and had also signed the USAID-approved informed consent forms	71
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	71
5.7. Estimated proportion of actual referrers	71
5.8. Estimated average amount received by service providers/referrers	72
APPENDIX - A	A1 - A13
APPENDIX - B	B1 - B40

ABBREVIATIONS

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

- 1 -

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

Selected costs	Tubectomy (Taka)	Vasectomy (Taka)
Physician fees	20.00	20.00
Clinic staff	15.00	12.00
Fieldworker compensation for non-routine services	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	

It is the accepted principle of 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/referral agent.

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 Population Control. 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 second of its kind, is the evaluation for the April-June 1985 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 April-June 1985 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, two 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 and the second set of tables comprises the findings obtained from the BAVS 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/referral agents 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/referral agents 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 performances 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.

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

5

Chapter 2

METHODOLOGY

2.1. Sample for the evaluation:

The sample for the evaluation was drawn in two stages. The first stage sampling comprised selection of the upazila sample and the second stage the client sample. In addition, as sub-sample of service providers/referrers was drawn from the client sample. The selection procedures of service providers/referrers 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 print-out for the January-March 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" or 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 the MIS performance report, the NGOs accounted for about 28 percent of the national sterilization performance in the calendar year 1984. During January and February 1985, the NGOs accomplished about 20 percent of the national performance. Therefore, it has been estimated on the basis of the performances of the previous months that the NGOs would account for about 25 percent of the national performance in April - June 1985 quarter. On this assumption, 50 upazilas were proportionately distributed to "BDG stratum" and "NGO stratum", 12 falling in the "NGO stratum" and 38 in the "BDG 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 substituted by another upazila drawn up from the reserve 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 were prepared from the MIS reported upazilas by a simple random sampling techniques. 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 substituted 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 substituted 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 23 upazilas were substituted -- 22 for the BDG stratum and one 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 were 1520 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 2.1.

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:

¹Cluster size for each selected upazila was 40 clients.

Table 2.1: 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
Modhupur	0.241570	Tongi	0.497764
Barhatta	0.493493	Narayongonj Sadar	0.281446
Narayongonj Sadar	0.586670	Bogra Sadar	2.737702
Sreepur	0.828240	Sirajgonj Sadar	0.248882
Panchbibi	0.286433	Kushtia Sadar	1.039722
Badalgachi	0.296786	Rangpur Sadar	2.267850
Tarash	0.138040	Jessore Sadar	1.258366
Alamdanga	0.286433	Comilla Sadar	0.821078
Gobindagonj	0.821338	Chandpur Sadar	0.290750
Palashbari	0.697102	Barisal Sadar	0.869924
Pirgonj (Rangpur)	0.410669	Sylhet Sadar	0.879228
Natore Sadar	0.524552	Sudharam	0.807122
Sherpur Sadar	1.946364		
Lalpur	0.634984		
Chatmohor	0.393414		
Pirgonj (Thakurgaon)	2.115463		
Kaunia	2.377739		
Haripur	0.638435		
Nilphamari Sadar	0.714357		
Hatibandha	0.873103		
Patgram	0.579768		
Sailkupa	0.624631		
Rampal	1.018045		
Fultala	0.552160		
Kishoregonj	0.728161		
Birgonj	3.185273		
Boda	1.749657		
Khansama	1.404557		
Ranisankail	1.611617		
Gangachara	3.247391		
Bakergonj	1.749657		
Borguna Sadar	1.784167		
Kalapara	0.486591		
Bauphal	0.641886		
Bhandaria	0.621180		
Pirojpur Sadar	0.804083		
Sitakunda	1.749657		
Begumgonj	0.151844		
Stratum weight	0.138056		0.093041

	<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	-	$\frac{1520}{X_{BDG}} \cdot \frac{480}{X_{NGO}} = H$
e. Adjusted (weighted) sample size to estimate the national performance		1520 + (H) (480)

The design weight for the NGO sample was 1.4331, while that for the BDG sample was unity. Thus the size of the weighted national sample was 2208 clients (Table 2.2).

Table 2.2: Weighted sample size at the national level

Stratum	National performance in the reference quarter	Actual sample size	Weights	Weighted sample
BDG	44,614	1520	1.0000	1520
NGO	20,190	480	1.4331	688
Total	64,804	2000	-	2208

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

The service provider/referrer 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/referrers of the clients in the sub-sample were taken into service provider/referrer sample. Since it is likely that the service providers and the referrers might be common for a number of clients, the size of the service provider/referrer sample would be smaller than the size of actual sub-sample drawn for this purpose.

The weighted sample size of the service provider/referrer by upazila for the evaluation quarter, April-June 1985 are shown in Table 3.

2.3. Field activities:

To meet the contract objectives, personal interviews with the sterilized clients, service providers, and fieldworkers (referrers) 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 (referrers), (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.

Table 3: Names of the selected upazilas by stratum and the number of physicians, clinic staff, and referrers

BDG Stratum				NGO Stratum			
Name of upazila	Weighted sample			Name of upazila	Weighted sample		
	Physician	Clinic staff	Referrer		Physician	Clinic staff	Referrer
Madhupur	4	3	9	Tongi	2	3	7
Barhatta	1	1	3	Narayongonj Sadar	1	2	8
Narayongonj Sadar	1	3	8	Bogra Sadar	3	3	7
Sreepur	4	3	6	Serajgonj Sadar	2	4	8
Sherpur	3	4	7	Kushtia Sadar	5	7	10
Panchbibi	3	3	10	Rangpur Sadar	2	2	6
Badalgachi	2	4	9	Jessore Sadar	2	6	9
Tarash	1	2	9	Comilla Sadar	3	3	10
Alamdanga	2	4	8	Chandpur Sadar	1	3	7
Palashbari	3	3	5	Barisal Sadar	3	4	5
Gobindogonj	5	5	7	Sylhet Sadar	3	5	6
Pirgonj (Rangpur)	4	4	9	Sudharam	3	4	10
Kaunia	1	1	5				
Gangachara	1	1	8				
Natore Sadar	2	4	10				
Lalpur	6	5	10				
Hatibandha	4	3	6				
Patgram	2	3	7				
Nilphamari Sadar	2	2	9				
Kishoregonj	3	3	9				
Sailkupa	4	4	7				
Haripur	2	2	4				
Pirgonj (Thakurgaon)	3	3	6				
Ranisankail	5	6	8				
Chatmohor	3	7	9				
Rampal	5	4	6				
Fultala	3	2	8				
Birgonj	3	5	9				
Khansama	2	5	7				
Boda	2	1	4				
Bakergonj	2	3	6				
Barguna Sadar	1	4	8				
Kalapara	3	4	8				
Bauphal	3	3	9				
Bhandaria	4	1	6				
Pirojpur Sadar	2	2	4				
Sitakunda	1	2	3				
Begumgonj	2	2	9				
Total	104	121	275		30	46	93

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 field-workers (referrers) to check whether they actually referred the clients for sterilization and to verify whether they received the specified referral 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 April-June 1985 quarter was carried out during June and July 1985. 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 referrers 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/referrer 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.

15-

Chapter 3

RESULTS OF FIELD SURVEY

The results of the field survey of the interviewed sterilized clients are presented in this chapter. The findings covered 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, referrer 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 referrer, 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 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 clients 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, receipt of unapproved items, and the referrers 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 by 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 referrers 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 Table 2: Appendix A.

Table 4 shows the percentage distribution of clients by status of locating them. Among the clients selected in the sample, 81.1 percent could be located in the field. which included 86.3 percent of the tubectomy clients and 78.9 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, 78.1 percent of the tubectomy clients and 67.3 percent of the vasectomy clients could be interviewed. The clients who could not be interviewed were found absent from their localities. The proportion of not interviewed clients was higher for vasectomy (11.6 percent) than for tubectomy (8.2 percent).

The clients who could not be located consisted of six categories; 'client permanently left the address', 'client temporarily visiting the address', 'incomplete address', 'not attempted', 'address not found', and 'others'. The 'client permanently left the address' group had 2.9 percent of the tubectomy clients and 3.3 percent of the vasectomy clients, while the 'client temporarily visiting the address' group included 6.3 percent of the tubectomy clients and 5.0 percent of the vasectomy clients. Another 0.3 percent of the vasectomy clients could not be located in the field due to incomplete address. The interviewers failed to locate 0.7 percent of the clients as the addresses 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 2.7 percent of the tubectomy clients and 12.0 percent of the vasectomy clients.

Table 4: 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>86.3</u>	<u>78.9</u>	<u>81.1</u>
Interviewed	78.1	67.3	70.5
Not interviewed	8.2	11.6	10.6
<u>Client not located</u>	<u>13.7</u>	<u>21.1</u>	<u>18.9</u>
Client permanently left the address	2.9	3.3	3.2
Client was only temporarily visiting there	6.3	5.0	5.4
Address not found	2.7	12.0	9.2
Incomplete address	-	0.3	0.2
Not attempted	1.7	0.3	0.7
Others	0.1	0.2	0.2
Total	100.0	100.0	100.0
Weighted N	662	1546	2208

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 5 shows the percentage distribution of the interviewed clients by reported clinics. Among the interviewed tubectomy clients, 96.7 percent reported the recorded clinic as the clinics of their operation. The remaining 3.3 percent clients reported other than the recorded clinics as the clinics of their operation. 'Other than the recorded clinic' refers to the clinic which is located outside the selected upazila.

Similarly, among the interviewed vasectomy clients, 98.4 percent reported the recorded clinics as the clinics of their operation. Another 0.7 percent clients reported other than the recorded clinics as the clinics of their operation. It can also be seen from the table that there were 0.2 percent vasectomy clients who reported that they had undergone sterilization operations twice. The remaining 0.7 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, April-June 1985, 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 6 shows the percentage distribution of the interviewed clients by status of reported date of operation. Among the interviewed

Table 5: Percentage distribution of the interviewed clients by reported clinics

Reported clinic	Categories of clients		
	Tubectomy	Vasectomy	All
Recorded clinic	96.7	98.4	97.9
Other than the recorded clinic	3.3	0.7	1.5
<u>Sterilized twice</u>			
Recorded clinic and other than recorded clinic	-	0.2	0.1
<u>Never sterilized</u>			
Never visited the recorded clinic	-	0.3	0.2
Did not know the recorded clinic	-	0.3	0.2
Visited the recorded clinic for other purpose	-	0.1	0.1
Total	100.0	100.0	100.0
Weighted N	517	1040	1557

Table 6: Percentage distribution of interviewed clients
by status of reported date of operation

Status of date of operation	Categories of clients		
	Tubectomy	Vasectomy	All
Within the quarter	95.2	96.4	96.0
<u>Before the quarter</u>			
Before 4 months to 1 year	0.8	1.2	1.0
" 1 year to 2 years	0.6	0.8	0.8
" 2 years to 3 years	1.5	0.4	0.8
" 3 years to 4 years	1.5	-	0.5
" 4 years to 5 years	0.4	-	0.1
" 5 years to 15 years above	-	0.3	0.2
<u>Sterilized twice</u>			
1st operation before the quarter and 2nd operation within the quarter	-	0.2	0.1
<u>Never sterilized</u>			
Visited the recorded clinic for other purpose	-	0.1	0.1
Did not know the recorded clinic	-	0.3	0.2
Never visited the recorded clinic	-	0.3	0.2
Total	100.0	100.0	100.0
Weighted N	517	1040	1557

tubectomy clients, 95.2 percent reported that they had undergone sterilization operation within the reference quarter. The remaining 4.8 percent clients reported that they had been operated upon before the reference quarter.

Similarly, among the interviewed vasectomy clients, 96.4 percent reported that they had undergone sterilization operation within the reference quarter. On the other hand, 2.7 percent of the clients reported that they had undergone sterilization operation before the reference quarter. Another 0.2 percent clients reported that they had undergone sterilization operation twice -- once before the quarter and again within the quarter. The 'never sterilized' vasectomy clients constituted 0.7 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 7. It can be seen from the table that 95.0 percent of the tubectomy clients and 96.3 percent of the vasectomy clients reported their operation within the quarter and also in the recorded clinic. Another 1.7 percent of the tubectomy clients and 2.1 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 3.1 percent of the tubectomy clients and

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

Status of reported clinic	Status of reported date of operation	Tubectomy				Vasectomy					A l l				
		Within the quarter	Before the quarter	Never sterilized	All	Within the quarter	Before the quarter	Within the quarter and before the quarter	Never sterilized	All	Within the quarter	Before the quarter	Within the quarter and before the quarter	Never sterilized	All
Sterilized in the recorded clinic		95.0	1.7	-	96.7	96.3	2.1	-	-	98.4	95.9	2.0	-	-	97.9
Sterilized in other than the recorded clinic		0.2	3.1	-	3.3	0.1	0.6	-	-	0.7	0.1	1.4	-	-	1.5
Sterilized twice (sterilized in the recorded clinic and other than the recorded clinic)		-	-	-	-	-	-	0.2	-	0.2	-	-	0.1	-	0.1
Never sterilized		-	-	-	-	-	-	-	0.7	0.7	-	-	-	0.5	0.5
Total		95.2	4.8	-	100.0	96.4	2.7	0.2	0.7	100.0	96.0	3.4	0.1	0.5	100.0
Weighted N					517					1040					1557

0.6 percent of the vasectomy clients. The clients who reported that they had been sterilized twice -- once before the quarter and again within the quarter -- were all vasectomy clients. Thus the proportion of actually sterilized clients was found to be 95.0 percent for tubectomy and 96.3 percent for vasectomy of the interviewed clients.

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

The results of interviewing of the selected clients are shown in Table 8. The results are presented in two broad headings -- clients located and clients not located.

Among the selected clients 3.9 percent tubectomy clients and 2.5 percent vasectomy clients were false cases since their reported clinic of operation and reported time did not match with the recorded clinic and the recorded time and those clients who were sterilized twice and never sterilized clients. 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 6.6 percent for tubectomy and 14.4 percent for vasectomy. Thus the proportion of actually sterilized clients is estimated at 93.4 percent for the tubectomy clients and 85.6 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 8: Percentage distribution of the SELECTED CLIENTS by
results of interviews

Results of interviews	Categories of clients		
	Tubectomy	Vasectomy	All
A. CLIENTS LOCATED:			
<u>Interviewed</u>			
Sterilized within the quarter in the recorded clinic	74.2	64.8	67.6
Sterilized within the quarter in other than the recorded clinic	0.1	0.1	0.1
Sterilized before the quarter in the recorded clinic	1.4	1.4	1.4
Sterilized before the quarter in other than the recorded clinic	2.4	0.4	1.0
Sterilized twice (1st operation before the quarter in other than the recorded clinic and 2nd operation within the quarter in the recorded clinic)	-	0.1	0.1
Never sterilized	-	0.5	0.3
Not interviewed	8.2	11.6	10.6
B. CLIENTS NOT LOCATED:			
Client has permanently left the address	2.9	3.3	3.2
Client was only temporarily visiting there	6.3	5.0	5.4
Address not found	2.7	12.0	9.2
Incomplete address	-	0.3	0.2
Not attempted	1.7	0.3	0.7
Others	0.1	0.2	0.2
Total	100.0	100.0	100.0
Weighted N	662	1546	2208

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 9 and Table 10. In Table 9 all the selected clients are included but in Table 10 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 9 and 10, 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.

Among all the selected clients, the proportion of clients having the USAID-approved informed consent forms which were also signed/thumb impressed by the clients was 97.9 percent while it was 98.1 percent when only the actually sterilized clients were considered. Not USAID-approved informed consent forms constituted about 2.0 percent of the clients in each case.

Table 9: 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	99.4	97.3	97.9
Not signed by clients	0.6	0.1	0.2
<u>Not USAID-approved</u>			
Signed by clients	-	2.6	1.9
Not signed by clients	-	-	-
Total	100.0	100.0	100.0
Weighted N	662	1546	2208

Table 10: Percentage distribution of the ACTUALLY STERILIZED
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	99.8	97.3	98.1
Not signed by clients	0.2	0.2	0.2
<u>Not USAID-approved</u>			
Signed by clients	-	2.5	1.7
Not signed by clients	-	-	-
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

The distribution of the actual number of consent forms not signed by clients and the actual number of consent forms not approved by USAID, by upazilas, is given in Table 3: Appendix A.

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 11 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 97.2 percent of the vasectomy clients reported receipt of the surgical apparel. When status of USAID-approved informed consent form was considered, 99.8 percent of the tubectomy clients and 94.6 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 shows the percentage distribution of the actually sterilized tubectomy clients by amounts that they reported to have received. Of the tubectomy clients, 84.0 percent reported that they had

Table 11: 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	99.8	94.6	96.3
	Did not receive	-	2.7	1.8
Sub-total		99.8	97.3	98.1
Informed consent form not USAID-approved/informed consent form USAID-approved but not signed by clients/ no consent form	Received	0.2	2.6	1.8
	Did not receive	-	0.1	0.1
Sub-total		0.2	2.7	1.9
All	Received	100.0	97.2	98.1
	Did not receive	-	2.8	1.9
Total		100.0	100.0	100.0
Weighted N		491	1002	1493

received the approved amount of Tk.175/-. The remaining 16.0 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 16.0 percent of the clients, 13.6 percentage points were accounted for by clients who reported receiving facility from the clinic while the remaining 2.4 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.171.41 and that for the second category is Tk.174.45.

Similarly, Table 13 shows the percentage distribution of the actually sterilized vasectomy clients by amounts that they reported to have received. Of the vasectomy clients, 91.7 percent reported that they had received the approved amount of Tk.175/-. The remaining 8.3 percent of the clients reported receiving less than the approved amount. Of the 8.3 percent of the clients, 1.2 percentage points were accounted for by clients who reported receiving a facility

Table 12: 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	84.0	NA	NA
170.00	1.8	0.6	1.2
167.00	0.2	0.2	-
166.00	0.6	0.6	-
165.00	1.2	1.2	-
163.00	0.2	0.2	-
162.00	1.0	1.0	-
160.00	6.0	5.8	0.2
155.00	0.2	0.2	-
150.00	1.8	1.6	0.2
145.00	0.2	0.2	-
140.00	0.4	0.4	-
135.00	0.2	0.2	-
127.00	0.4	-	0.4
125.00	0.4	0.2	0.2
120.00	0.2	-	0.2
107.00	0.4	0.4	-
100.00	0.4	0.4	-
80.00	0.4	0.4	-
Total	100.0	13.6	2.4
Weighted N	491		

Reported average amount: Tk.171.41

Estimated average amount considering the 'received any facility' category received the approved amount: Tk.174.45

Note: NA in the table stands for not applicable cases.

Table 13: 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	91.7	NA	NA
170.00	0.5	0.1	0.4
165.00	0.1	0.1	-
160.00	0.7	0.3	0.4
150.00	0.4	0.3	0.1
145.00	0.8	-	0.8
144.00	0.4	-	0.4
143.00	0.4	-	0.4
142.00	0.4	-	0.4
140.00	0.8	-	0.8
135.00	0.4	-	0.4
130.00	0.5	-	0.5
120.00	0.1	0.1	-
115.00	0.1	-	0.1
110.00	0.1	-	0.1
100.00	1.7	0.1	1.6
90.00	0.2	0.1	0.1
80.00	0.1	-	0.1
75.00	0.1	-	0.1
70.00	0.1	-	0.1
60.00	0.1	-	0.1
20.00	0.1	-	0.1
No payment	0.2	0.1	0.1
Total	100.0	1.2	7.1
Weighted N	1002		

Reported average amount: Tk.170.93

Estimated average amount considering the 'received any facility' category received the approved amount: Tk.171.46.

Note: NA in the table stands for not applicable cases.

from the clinic while the remaining 7.1 percentage points were accounted for by the 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/-. Thus, the average amount received by all vasectomy clients were found to be Tk.170.93 and that for all clients excluding those who had reported receiving less than approved amount and also no facility, were found to be Tk.171.46.

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 gave and when gave.

None of the actually sterilized client reported receiving any unapproved items for undergoing the sterilization operation.

3.1.10. Verification of the referrer:

An interviewed client reporting herself/himself as sterilized was asked questions to find out if (s)he was actually referred for sterilization by the referrer shown in clinic records. The findings on this information, separately for tubectomy and vasectomy, are discussed below.

Table 14 shows the percentage distribution of the actually sterilized tubectomy clients by their reported and recorded referrers. Among the tubectomy clients the recorded referrers and reported referrers were found to be the same for 79.3 percent of the clients. According to clinic records, the highest number of clients (35.1 percent) were referred by BDG family planning workers followed by NGO family planning workers (28.7 percent) and registered Dai (17.1 percent). Members of general public and registered agents referred 19.1 percent clients to clinics for sterilization. On the other hand, information reported by the clients reveal some discrepancy in the referrers. A total of 3.0

percent of the clients reported that they went to clinics with somebody other than the recorded referrer or did not know the referrer.

A similar percentage distribution of the actually sterilized vasectomy clients is shown in Table 15. Of the vasectomy clients a total of 66.4 percent clients reported that they went for sterilization operation with their recorded referrers. The remaining 33.6 percent did not go with their recorded referrers. It is evident from the table that the highest number of clients (26.7 percent) were referred by registered agents followed by members of general public (24.9 percent). One major discrepancy is that 15.7 percent of the clients reported that they went to the clinic with somebody other than the recorded referrer and 5.0 percent of the clients reported that they did not know the referrer.

3.1.11. Background characteristics of the clients:

3.1.11.1 Age:

Table 16 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 29.0 years and 39.6 years respectively. The percentage distribution of the actually sterilized vasectomy clients by their reported age and that of their wives is shown in Table 17. It can be seen from the table that 1.7 percent of the vasectomy clients had wives who were no longer in the reproductive age group.

3.1.11.2. Number of living children:

Table 18 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 4.0 while for vasectomy clients it was 3.8. The proportion of tubectomy clients having less than two children was 1.8 percent and that for vasectomy clients was 3.1 percent.

Table 14: Percentage distribution of the actually sterilized tubectomy clients by recorded and reported referrers

Recorded referrer \ Reported referrer	BDG FP field-worker	NGO FP field-worker	Registered Dai	Registered agent	General public	Went alone	Does not know	All
BDG FP fieldworker	26.3	0.2	2.0	2.7	3.5	0.2	0.2	35.1
NGO FP fieldworker	-	25.9	0.6	1.2	0.6	-	0.4	28.7
Registered Dai	3.9	-	9.0	1.4	0.6	1.2	1.0	17.1
Registered Agent	-	-	-	10.4	-	-	-	10.4
General public	-	-	0.2	0.8	7.7	-	-	8.7
Total	30.2	26.1	11.8	16.5	12.4	1.4	1.6	100.0
Weighted N = 491								

Table 15: Percentage distribution of the actually sterilized vasectomy clients by recorded and reported referrers

Recorded referrer \ Reported referrer	BDG FP fieldworker	NGO FP fieldworker	Registered Dai	Registered agent	General public	Went alone	Does not know	All
BDG FP fieldworker	12.8	-	0.2	4.0	2.8	2.9	1.2	23.9
NGO FP fieldworker	-	11.0	-	0.4	1.8	1.7	1.6	16.5
Registered Dai	-	-	6.0	1.5	0.1	0.3	0.1	8.0
Registered Agent	0.2	-	0.3	16.6	0.7	7.3	1.6	26.7
General public	-	0.1	0.7	0.1	20.0	3.5	0.5	24.9
Total	13.0	11.1	7.2	22.6	25.4	15.7	5.0	100.0
Weighted N = 1002								

Table 16: 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
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	
15-19	-	-	-	-	-	-	-	-	-	-	-
20-24	-	-	1.4	7.3	4.1	1.2	0.6	-	-	-	14.6
25-29	-	-	0.2	11.0	21.8	9.2	2.3	0.9	0.2	-	45.6
30-34	-	-	-	0.4	6.7	12.6	6.3	0.6	0.4	-	27.0
35-39	-	-	-	-	0.2	3.1	6.3	1.6	0.6	-	11.8
40-44	-	-	-	-	-	-	0.2	0.4	-	-	0.6
45-49	-	-	-	-	-	-	-	0.2	0.2	-	0.4
Total	-	-	1.6	18.7	32.8	26.1	15.7	3.7	1.4	-	100.0
Weighted N = 491											

Table 17: 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	50-54	55-59	60-64	
15-19	-	-	-	-	0.1	-	-	-	-	-	0.1
20-24	0.1	-	-	-	-	-	-	-	-	-	0.1
25-29	0.1	2.0	0.2	-	-	-	-	-	-	-	2.3
30-34	0.6	7.7	12.2	-	-	-	-	-	-	-	20.5
35-39	0.2	3.2	15.9	4.9	-	-	-	-	-	-	24.2
40-44	-	-	4.2	10.4	2.5	-	-	-	-	-	17.1
45-49	-	-	0.9	5.4	7.9	0.2	-	-	-	-	14.4
50-54	-	-	0.5	1.8	4.5	4.2	0.7	-	-	-	11.7
55-59	-	0.2	0.1	0.1	1.2	2.0	1.2	-	-	-	4.8
60-64	-	-	-	0.3	0.1	0.7	0.8	0.5	0.1	-	2.5
65-69	-	-	-	0.1	-	0.2	-	0.6	-	-	0.9
70-74	-	-	-	0.3	-	0.2	-	-	0.1	-	0.6
75-79	-	-	0.1	-	-	0.2	-	-	0.4	-	0.7
80-84	-	-	-	-	0.1	-	-	-	-	-	0.1
Total	1.0	13.1	34.1	23.3	16.4	7.7	2.7	1.1	0.6	-	100.0
Weighted N = 1002											

3.1.11.3. Other client characteristics:

Information on women's employment was collected from both the vasectomy and the tubectomy 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 19. No significant difference could be found to exist between them for vasectomy and tubectomy. In both the cases about 86.5 percent of the women were reportedly not employed with any regular work. Table 20 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 21 shows that 81.0 percent for all tubectomy clients and 72.0 percent of all vasectomy clients had no education. It can also be seen from the table that 4.3 percent of the tubectomy clients and 5.9 percent of the vasectomy clients had at least secondary school education. Among the sterilized clients about 83.1 percent were Muslims and the remaining were non-Muslims. All but a few non-Muslims clients were Hindus (Table 22). 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 36.8 percent of all sterilized clients (Table 23).

Table 18: 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	0.8	0.1	0.3
1	1.0	3.0	2.4
2	17.3	15.4	16.0
3	24.2	32.5	29.8
4	26.0	21.4	22.8
5	15.1	14.9	15.0
6	6.7	7.0	6.9
7	5.3	2.7	3.5
8	2.4	2.0	2.2
9	0.6	0.4	0.5
10	0.4	0.2	0.3
11	0.2	-	0.1
12	-	0.2	0.1
16	-	0.2	0.1
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

Table 19: 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	10.2	14.7	13.2
Employed without cash earning	3.3	0.8	1.6
Not employed	86.5	84.5	85.2
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

Table 20: Percentage distribution of the actually sterilized clients by occupation of husband/client

Occupation of husband/client	Categories of clients		
	Tubectomy	Vasectomy	All
Agriculture	28.9	29.1	29.1
Day labour	36.7	60.3	52.5
Business	18.1	4.4	8.9
Service	14.9	2.8	6.8
Not employed	1.0	1.9	1.6
Others	0.4	1.5	1.1
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

Table 21: Percentage distribution of the actually sterilized clients by their educational level

Educational level	Categories of clients		
	Tubectomy	Vasectomy	All
No schooling	81.0	72.0	75.0
No class passed	0.4	2.7	1.9
Class <u>I-IV</u>	9.4	17.1	14.5
Class <u>V</u>	4.9	2.3	3.2
Class <u>VI-IX</u>	3.3	4.6	4.2
SSC and HSC	1.0	1.3	1.2
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

Table 22: Percentage distribution of the actually sterilized clients by religion

Religion	Categories of clients		
	Tubectomy	Vasectomy	All
Muslim	74.8	87.2	83.1
Hindu	24.2	12.8	16.6
Christian	1.0	-	0.3
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

Table 23: Percentage distribution of the actually sterilized clients by ownership of land

Status of land ownership	Categories of clients		
	Tubectomy	Vasectomy	All
Owned land	39.5	35.5	36.8
Did not own land	60.5	64.5	63.2
Total	100.0	100.0	100.0
Weighted N	491	1002	1493

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

3.2.1. Interviewing of the service providers/referrers:

The findings discussed in this section are on both service providers (physicians and clinic staff) and referrers included in the service providers/referrers 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 referrers was not the same. In all, weighted number of 134 physicians, 167 clinic staff, and 368 referrers 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 referrers. Each of the interviewed service providers/referrers was asked questions whether s(he) had received payments for his/her services rendered to the clients.

Among the selected physicians, clinic staff, and referrers, interviews were conducted with 82.1 percent of the physicians, 81.4 percent of the clinic staff, and 73.6 percent of the referrers. The remaining 17.9 percent physicians, 18.6 percent clinic staff, and 26.4 percent referrers could not be interviewed. The reasons for not interviewing the physicians and clinic staff included absence, leave, and transfer; while for the referrers 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.

Table 24: Percentage distribution of the service providers/
referrers by status of interview

Interview status	Categories of service providers/referrers		
	Physicians	Clinic staff	Referrers
Interviewed	82.1	81.4	73.6
Not interviewed	17.9	18.6	26.4
Total	100.0	100.0	100.0
Weighted N	134	167	368

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 except two physicians for two selected vasectomy clients and three clinic staff for three selected vasectomy clients.

Payments to referrers: Table 25 shows the distribution of the number of clients whose referrers were interviewed, by status of receipt of referral fees. It can be seen from the table that the referrers reported receiving the approved amount of referral fees for 97.5 percent tubectomy clients and 96.5 percent vasectomy clients. The referrers reported not to have received the referral fees for the remaining 2.5 percent tubectomy clients and 3.5 percent vasectomy clients.

Table 25: Distribution of the clients whose referrers were interviewed by status of receipt of referral fee

Status of receipt of referral fee reported by referrers	Number of clients whose referrers were interviewed		
	Tubectomy	Vasectomy	All
Received	97.5	96.5	96.9
Did not receive	2.5	3.5	3.1
Total	100.0	100.0	100.0
Weighted N	159	226	385

Chapter 4

REPORTING VARIATIONS

One of the most important tasks of the evaluation of the VS program is to ascertain whether the BDG and the 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 F.P office and district F.P 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 Monthly 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 organizations 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 26 compares the total performances reported in the MMCP for the April-June 1985 quarter with those obtained from the MMPR for the same period. It can be seen from the table that there were no differences between these two data sources with respect to the total performance of tubectomy and vasectomy.

Table 26: Comparison of total national performance between the MMCP and the MMPR for the April-June, 1985 quarter

MIS reports	Categories of clients		
	Tubectomy	Vasectomy	All
MMCP	26,780	38,024	64,804
MMPR	26,780	38,024	64,804
MMPR/MMCP	1.00	1.00	1.00

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 27 (for tubectomy) and Table 28 (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 29 which shows the levels of overall reporting discrepancy.

Table 29 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 9.7 percent higher than the verified BDG performance data. In the case of vasectomy, the MIS reported data in the MMCP were 3.9 percent higher 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 29, overall, BDG performance data in the MMCP were overreported for both tubectomy and vasectomy. The reason for the overreporting can be analysed with the help of Table 27 and Table 28. 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 Khansama of Dinajpur district and Sreepur of Gazipur district, 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, Rangpur, Pabna, Serajgonj, Khulna, Narayangonj, Tangail and Noakhali. 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 (April-June, 1985).

Table 27: 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>							
Khansama	65	115	128	127	+50	+63	+62
Birgonj	163	165	165	165	+ 2	+ 2	+ 2
<u>Thakurgaon</u>							
Pirgonj	7	7	7	7	0	0	0
Haripur	16	16	16	16	0	0	0
Ranisankail	95	95	95	95	0	0	0
<u>Panchgarh</u>							
Boda	42	42	42	42	0	0	0
<u>Nilphamari</u>							
Sadar*	79	78	78	78	- 1	- 1	- 1
Kishoregonj*	100	98	98	98	- 2	- 2	- 2
<u>Rangpur</u>							
Gangachara	9	9	9	9	0	0	0
Pirgonj	37	37	53	53	0	+16	+16
Kaunia*	9	9	10	10	0	+ 1	+ 1
<u>Gaibandha</u>							
Gobindogonj*	66	66	66	66	0	0	0
Palashbari	17	17	17	17	0	0	0

(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>Lalmonirhat</u>							
Hatibandha	26	26	26	26	0	0	0
Patgram	55	55	55	55	0	0	0
<u>Bogra</u>							
Sherpur*	58	57	57	57	- 1	- 1	- 1
<u>Joypurhat</u>							
Panchbibi	68	68	68	68	0	0	0
<u>Naogaon</u>							
Badalgachi	81	80	80	80	- 1	- 1	- 1
<u>Natore</u>							
Sadar*	102	102	100	100	0	- 2	- 2
Lalpur	68	68	68	68	0	0	0
<u>Pabna</u>							
Chatmohor	48	51	51	51	+ 3	+ 3	+ 3
<u>Serajgonj</u>							
Tarash	26	26	47	47	0	+21	+21
<u>Chuadanga</u>							
Alamdanga	83	83	84	84	0	+ 1	+ 1

(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>Jhenaidah</u>							
Sailkupa*	127	127	127	127	0	0	0
<u>Khulna</u>							
Fultala	1	1	12	12	0	+11	+11
<u>Bagerhat</u>							
Rampal	62	61	61	61	- 1	- 1	- 1
<u>Barguna</u>							
Sadar	155	155	155	155	0	0	0
<u>Patuakhali</u>							
Kalapara	123	123	123	123	0	0	0
Bauphal	164	164	164	164	0	0	0
<u>Barisal</u>							
Bakergonj	115	115	115	115	0	0	0
<u>Pirojpur</u>							
Bhandaria	13	13	13	13	0	0	0
Sadar	25	25	25	25	0	0	0
<u>Gazipur</u>							
Sreepur*	22	110	110	110	+88	+88	+88

(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>Narayangonj</u>							
Sadar*	32	33	58	58	+ 1	+26	+26
<u>Tangail</u>							
Modhupur*	48	55	55	55	+ 7	+ 7	+ 7
<u>Netrokona</u>							
Barhatta*	22	22	22	22	0	0	0
<u>Noakhali</u>							
Begumgonj	38	38	46	46	0	+ 8	+ 8
<u>Chittagong</u>							
Sitakunda	191	191	191	191	0	0	0
Total	2,458	2,603	2,697	2,696			
Total cases overreported					+151	+247	+246
Total cases underreported					- 6	- 8	- 8
Balance					+145	+239	+238

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

Table 28: 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>							
Khansama	342	368	368	368	+26	+26	+26
Birgonj	760	758	758	758	- 2	- 2	- 2
<u>Thakurgaon</u>							
Pirgonj	606	606	606	606	0	0	0
Haripur	169	169	169	169	0	0	0
Ranisankail	372	372	372	372	0	0	0
<u>Panchgarh</u>							
Boda	465	465	465	465	0	0	0
<u>Nilphamari</u>							
Sadar*	74	75	75	75	+ 1	+ 1	+ 1
Kishoregonj*	44	46	46	46	+ 2	+ 2	+ 2
<u>Rangpur</u>							
Gangachara	932	932	932	932	0	0	0
Pirgonj	82	82	166	166	0	+84	+84
Kaunia*	453	453	452	452	0	- 1	- 1

(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>Gaibandha</u>							
Gobindagonj*	109	109	109	109	0	0	0
Palashbari	185	185	185	185	0	0	0
<u>Lalmonirhat</u>							
Hatibandha	227	227	227	227	0	0	0
Patgram	113	113	113	113	0	0	0
<u>Bogra</u>							
Sherpur*	379	380	380	380	+ 1	+ 1	+ 1
<u>Joypurhat</u>							
Panchbibi	15	15	15	15	0	0	0
<u>Naogaon</u>							
Badalgachi	5	6	6	6	+ 1	+ 1	+ 1
<u>Natore</u>							
Sadar*	32	32	34	34	0	+ 2	+ 2
Lalpur	116	116	116	116	0	0	0
<u>Pabna</u>							
Chatmohor	66	85	85	85	+19	+19	+19
<u>Serajgonj</u>							
Tarash	14	14	17	17	0	+ 3	+ 3

(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>Chuadanga</u>							
Alamdanga	-	-	-	-	-	-	-
<u>Jhenaidah</u>							
Sailkupa*	3	3	3	3	0	0	0
<u>Khulna</u>							
Fultala	159	159	162	162	0	+ 3	+ 3
<u>Bagerhat</u>							
Rampal	233	234	234	234	+ 1	+ 1	+ 1
<u>Barguna</u>							
Sadar	362	362	362	362	0	0	0
<u>Patuakhali</u>							
Kalapara	18	18	18	18	0	0	0
Bauphal	22	22	22	22	0	0	0
<u>Barisal</u>							
Bakergonj	392	392	392	392	0	0	0
<u>Pirojpur</u>							
Bhandaria	167	167	167	167	0	0	0
Sadar	208	198	198	198	-10	-10	-10

(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 MCHP	Discrepancy between verified BDG performance and		
					upazila reported data	district reported data	5 data
(1)	(2)	(3)	(4)	(5)	(6)=(3)-(2)	(7)=(4)-(2)	(8)=(5)-(2)
<u>Gazipur</u>							
Sreepur*	44	54	54	54	+10	+10	+10
<u>Narayanganj</u>							
Sadar *	11	10	70	70	- 1	+59	+59
<u>Tangail</u>							
Modhupur*	3	3	3	3	0	0	0
<u>Netrokona</u>							
Barhatta*	92	92	92	92	0	0	0
<u>Noakhali</u>							
Begumgonj	6	6	97	97	0	+91	+91
<u>Chittagong</u>							
Sitakunda	66	66	66	66	0	0	0
Total	7,346	7,394	7,636	7,636			
Total cases overreported					+61	+303	+303
Total cases underreported					-13	- 13	- 13
Balance					+48	+290	+290

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

Table 29: 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 April-June 1985 quarter¹

Reporting differences	Categories of clients	
	Tubectomy	Vasectomy
Verified BDG performance data for the selected upazilas - i.e., collected at the upazilas	2,458	7,346
Performance for the selected upazilas according to the MMCP	2,696	7,636
Difference between verified BDG performance data and upazila reported data (net of underreporting and overreporting) ²	+145 (5.9)	+48 (0.7)
Difference between verified BDG performance data and district reported data (net of underreporting and overreporting) ³	+239 (9.7)	+290 (3.9)
Difference between verified BDG performance data and MIS reported data in the MMCP (net of underreporting and overreporting) ⁴	+238 (9.7)	+290 (3.9)

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

²From balance, column 6 in Tables 27 and 28.

³From balance, column 7 in Tables 27 and 28.

⁴From balance, column 8 in Tables 27 and 28.

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 upazila
- 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:

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

- Where, N = total number of program upazilas¹ = 477
- \bar{M} = the average performance per program upazila according to the MMCP

The results of the computation are displayed in Table 30. As can be seen from the table, the ratio of the verified BDG performance data to MMCP data for the BDG component was 91.2 per 100 MIS reported tubectomy cases, while for vasectomy, it was 96.2. The standard errors of the estimate as found by using formula (2) are 0.066 and 0.075 respectively.

Table 30: Estimates of BDG component ratios of the verified BDG performance data and MIS data in the MMCP

Estimates	Categories of clients	
	Tubectomy	Vasectomy
Ratio ²	91.2	96.2
Standard errors	0.066	0.075

¹ Program upazilas were those that were listed in the MMCP during the quarter, January-March, 1985.

² Verified BDG performance data/BDG data in the MMCP

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 31 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. 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 31. 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, remarkable 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 5.3% and 2.9% 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.

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 computer 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:

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

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

Table 31: Comparison between actual NGO STERILIZATION performance collected from the NGO clinic register and from the different reporting tiers by sample upazilas¹

Upazila	NGO/NGO clinic	Verified NGO performance		NGO performance sent to upazila		NGO performance sent to District FP office		NGO performance sent to NGO head-quarters		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)
Rangpur Sadar													
	Anjuman Memorial Clinic	0	819	0	819	-	-	-	-	-	814	0	--5
	FPAB	40	48	40	48	-	-	40	48	39	38	- 1	-10
	BAVS	50	18	50	18	50	18	50	18	51	28	+ 1	10
	Sub-total	90	885	90	885	50	18	90	66	90	880	0	- 5
Bogra Sadar													
	FPAB	10	692	-	-	10	692	10	692	10	692	0	0
	BAVS	104	371	28	71	104	373	104	373	158	304	+54	-67
	Sub-total	114	1063	28	71	114	1065	114	1065	168	996	+54	-67
Sirajgonj Sadar*													
	BAVS	50	26	50	26	50	26	50	26	50	26	0	0
	Sub-total	50	26	50	26	50	26	50	26	50	26	0	0
Kushtia Sadar													
	BAVS	241	94	-	-	241	94	241	94	180	85	-61	- 9
	FPAB	82	30	-	-	82	30	82	30	75	25	- 7	- 5
	Sub-total	323	124	-	-	323	124	323	124	255	110	-68	-14

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)
Jessore													
Sadar													
	<u>BAVS</u>	57	257	-	-	57	257	57	257	57	257	0	0
	<u>FPAB</u>	31	196	-	-	31	196	31	196	31	196	0	0
	Sub-total	88	453	-	-	88	453	88	453	88	453	0	0
Barisal													
Sadar													
	<u>FPAB</u>	39	56	-	-	39	56	39	56	14	34	-25	-22
	<u>BAVS</u>	166	113	-	-	166	113	166	113	135	114	-31	+ 1
	Sub-total	205	169	-	-	205	169	205	169	149	148	-56	-21
Gazipur													
Tongi*													
	<u>BAVS</u>	102	69	102	69	102	69	102	69	102	69	0	0
	Sub-total	102	69	102	69	102	69	102	69	102	69	0	0
Narayangonj													
Sadar*													
	<u>Metropolitan FP Satellite Clinic</u>	7	81	7	81	-	7	81	7	81	81	0	0
	Sub-total	7	81	7	81	-	-	7	81	7	81	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 head-quarters		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)-(6)
<u>Noakhali</u>													
<u>Sudharam</u>													
	<u>BAVS</u>	29	167	29	167	29	167	29	167	29	167	0	0
	<u>FPAB</u>	51	100	51	100	51	100	51	100	51	100	0	0
	Sub-total	80	267	80	267	80	267	80	267	80	267	0	0
<u>Comilla</u>													
<u>Sadar</u>													
	<u>FPAB</u>	41	31	43	31	43	31	43	31	42	31	+ 1	0
	<u>BAVS</u>	70	211	70	211	70	211	70	211	70	211	0	0
	Sub-total	111	242	113	242	113	243	113	243	112	242	+ 1	0
<u>Chandpur</u>													
<u>Sadar</u>													
	<u>BAVS</u>	44	81	44	81	44	81	44	81	44	81	0	0
	Sub-total	44	81	44	81	44	81	44	81	44	81	0	0
<u>Sylhet</u>													
<u>Sadar</u>													
	<u>FPAB</u>	46	101	46	101	46	101	46	101	46	101	0	0
	<u>BAVS</u>	43	188	43	188	43	188	43	188	43	188	0	0
	Sub-total	89	289	89	289	89	289	89	289	89	289	0	0
Total		1303	3749	603	2011	1258	2804	1305	2933	1234	3642		
Total cases overreported												+ 55	0
Total cases underreported												-124	-107
Balance												- 69	-107

¹Upazila marked by single asterisk show two months' performance and those without asterisk show three months' performance. Note: The 'dash' shown against the columns indicate that the NGOs were not found to report to that tiers.

The results of the computation is shown in Table 32. 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 1.056 per 100 district reported tubectomy cases, while for vasectomy, it was 1.029. The standard errors of the estimate as found by using formula (2) are 0.047 and 0.012 respectively.

Table 32: 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	1.056	1.029
Standard errors	0.047	0.012

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

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

Table 33 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. The BDG performance is the total 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 33 that the estimated actual BDG performance during the reporting quarter was 18,285 cases of tubectomy and 23,632 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 over-reporting in the MMCP (line 5) of BDG performances for the reference quarter by 1,764 cases of tubectomy and 933 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 33 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 17.6 percent for tubectomy and 17.1 percent for vasectomy.

The NGO performance for the reporting quarter, as indicated in the MMCP, was 6,731 cases of tubectomy and 13,459 cases of vasectomy (line 6, Table 33). The performance of major NGOs alone during the reference quarter as obtained from the annex of the MMPR was 4,576 cases of tubectomy and 9,506 cases of vasectomy (line 2, Table 33), 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 33 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 2,155 cases (6,731-4,576) and for vasectomy the difference was 3,953 cases (13,459-9,506). 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 377 cases of tubectomy and 390 cases of vasectomy.

The seventeenth line of Table 33 shows the basis for adjustment of MMPR to obtain the actual NGO performance. The ratio confirms that 55.3 percent of tubectomy and 45.7 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 over-reporting 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 33 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 5.2 percent (1,392 cases) in the case of tubectomy and in the case of vasectomy by 1.4 percent (532 cases).

Table 33: Reported, estimated national, BDG, NGO performances as derived from different sources
(for the period April-June 1985)

Performances	Categories of clients	
	Tubectomy	Vasectomy
1. National performances as reported by MMPR = Z_1	26,780	38,024
2. Performance of major NGOs in the MMPR (from annex) = Z_2	4,576	9,506
3. Estimate of BDG performance in the MMPR = $Z_3 = Z_1 - Z_2$	22,204	28,518
4. National performance in the MMCP = Z_4	26,780	38,024
5. BDG performance in the MMCP = Z_5	20,049	24,565
6. Other programs (all NGOs) performances in the MMCP = Z_6	6,731	13,459
7. Verified BDG performance collected at the selected upazilas = Z_7	2,458	7,346
8. BDG performance for the selected upazilas according to MMCP = Z_8	2,696	7,636
9. Estimated BDG component ratio based on verified BDG clinic performance data and MIS data in the MMCP = $Z_9 = Z_7/Z_8$	0.912	0.962
10. Estimated actual BDG performance based on estimated BDG component ratio = $Z_{10} = Z_5 \times Z_9$	18,285	23,632
11. Verified NGO performance collected at the selected upazilas = Z_{11}	1,303	3,749
12. NGO performance for the selected upazilas according to district reported data to MIS = Z_{12}	1,234	3,642
13. Estimated NGO component ratio based on verified NGO clinic performance data and district reported to MIS data = $Z_{13} = Z_{11}/Z_{12}$	1.056	1.029

Table 33 contd.

Performances	Categories of clients	
	Tubectomy	Vasectomy
14. Estimated actual NGO performance based on estimated NGO component ratio = $Z_{14} = Z_6 \times Z_{13}$	7,108	13,849
15. Estimated actual national performance = $Z_{15} = Z_{10} + Z_{14}$	25,393	37,481
16. Proportion of estimated actual BDG performance in the MMR = $Z_{16} = Z_{10}/Z_3$	0.824	0.829
17. Basis for adjustment of MMR to obtain actual NGO performance = $Z_{17} = Z_{14}/Z_2$	1.553	1.457
18. Basis for adjustment of MMR to obtain actual national performance = $Z_{18} = Z_{15}/Z_1$	0.948	0.986

19. Overreporting (+)/underreporting (-) of performance in the MMR:		
i. BDG performance ($1 - Z_{16}$)	+0.176	+0.171
ii. NGO performance ($1 - Z_{17}$)	-0.553	-0.457
iii. National performance ($1 - Z_{18}$)	+0.052	+0.014

69

Chapter 5

FINDINGS OF THE EVALUATION

The findings of the evaluation of April-June, 1985 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 performances 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 55.3 percent in the case of tubectomy and 45.7 percent in the case of vasectomy.

BDG performance: The overreporting of total BDG performance in the MMPR is estimated at 17.6 percent for tubectomy, and 17.1 percent for vasectomy.

National performance: The overreporting of total national performance in the MMPR is estimated at 5.2 percent in the case of tubectomy, while for vasectomy, the overreporting is 1.4 percent.

5.2 Estimated proportion of clients actually sterilized:

Tubectomy: The interview of the tubectomy clients revealed that one client was sterilized within the quarter in other than the recorded clinic, 9 clients were sterilized before the quarter in the recorded clinic, and 16 clients were sterilized before the quarter in other than the recorded clinic. Eighteen selected clients 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 therefore not verified and are presumed to be false cases of sterilization. Under the assumption that 'address not found' cases, those sterilized before the quarter and those sterilized in other than the recorded clinic, are false cases, the proportion of the false cases among the recorded tubectomy clients is estimated at 44/662 or 0.066. Thus, the proportion actually tubectomised is estimated at 93.4 percent of the upazila level data.

Vasectomy: Among the interviewed vasectomy clients, 7 were found to be not sterilized, 185 clients were 'address not found' cases, 1 client was sterilized within the quarter but in other than the recorded clinic, 22 clients were sterilized before the quarter in the recorded clinic, 6 clients were sterilized before the quarter in other than the recorded clinic, and 2 clients were sterilized twice. It is thus found that the number of false cases among the 1,546 vasectomy clients in the sample was 223 or 14.4 percent. Thus, the proportion actually sterilized is estimated at 85.6 percent of the upazila level data.

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

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 99.8 percent, while for vasectomy, it is 97.3 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.174.45 for tubectomy clients and Tk.171.46 for vasectomy clients as against the approved amount of Tk.175.00 for both tubectomy and vasectomy clients. Since the differences of the estimated averages from their corresponding approved amounts are very small, the estimated errors have not been calculated.

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 99.8 percent, while for vasectomy, it is 94.6 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 97.2 percent.

5.7. Estimated proportion of actual referrers:

The estimation of these statistics is based on the clients survey data. Accordingly, it is estimated that 79.3 percent of the tubectomy clients and 66.4 percent of the vasectomy clients had actual referrers, that is, both the recorded referrer and the reported referrer were the same.

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

The estimation of these statistics is based on the service providers/referrers 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 except for three clinic staff for three selected vasectomy clients and for two physicians for two selected vasectomy clients.

The interviewed referrers of 97.5 percent of the tubectomy clients and 96.5 percent of the vasectomy clients were reported to have received referral fees of the approved amount.

The current report is the second quarterly evaluation report under the contract with the USAID, Dhaka, of the VS programs of both BDG and NGO done through nationally representative sample survey. A comparison of the key findings of the evaluation of VS program for the current quarter (April-June 1985 quarter) with the last quarter (January-March 1985 quarter) is shown in Table 34.

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 as audits while the latter was termed as evaluation. The findings of the earlier quarters are shown in Table 5 of Appendix A as reference.

Table 34: Comparison of the key findings of the evaluation of VS program for April-June 1985 quarter with January-March 1985 quarter

Findings	January-March 1985 quarter	April - June 1985 quarter
1. Estimated proportion of clients actually sterilized:		
Tubectomy	97.6%	93.4%
Vasectomy	88.9%	85.6%
2. Estimated overreporting(+)/underreporting(-) of the total BDG performance in the MIS data:		
Tubectomy	BDG +16.9%	BDG +17.6%
	NGO -37.1%	NGO -55.3%
Vasectomy	BDG +14.7%	BDG +17.1%
	NGO -32.4%	NGO -45.7%
3. Estimated average amount paid to clients actually sterilized:		
Tubectomy	Tk.174.86	Tk.174.45
Vasectomy	Tk.172.36	Tk.171.46
4. Estimated average amount paid to service providers/referrers:		
Tubectomy	Tk. 50.00	Tk. 60.00
Vasectomy	Tk. 47.00	Tk. 57.00
5. Estimated proportion of actual referrers:		
Tubectomy	86.1%	79.3%
Vasectomy	74.5%	66.4%
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%
Vasectomy	92.7%	94.6%

Findings	January-March 1985 quarter	April - June 1985 quarter
7. Estimated proportion of <u>actually sterilized clients</u> who had received surgical apparel by whether the clients had signed the USAID-approved informed consent forms or not:		
Tubectomy	100.0%	100.0%
Vasectomy	97.0%	97.2%
8. Estimated proportion of <u>actually sterilized clients</u> having USAID-approved informed consent forms signed/thumb impressed by clients:		
Tubectomy	93.5%	99.8%
Vasectomy	95.3%	97.3%
9.a) Estimated proportion of clients whose consent form was missing <u>among actually sterilized clients</u> :		
Tubectomy	Nil	Nil
Vasectomy	0.1%	Nil
9.b) Estimated proportion of clients whose consent form was not USAID-approved <u>among actually sterilized clients</u> :		
Tubectomy	4.1%	Nil
Vasectomy	4.1%	2.5%
9.c) Estimated proportion of clients whose consent form was USAID-approved but not signed by client, <u>among actually sterilized clients</u> :		
Tubectomy	2.4%	0.2%
Vasectomy	0.6%	0.2%
10. Estimated proportion of clients having USAID-approved informed consent forms signed/thumb impressed by clients <u>among all the selected clients</u> :		
Tubectomy	94.2%	99.4%
Vasectomy	93.3%	97.3%

Findings	January-March 1985 quarter	April-June 1985 quarter
11. Proportion of clients sterilized two or more times:		
Tubectomy	Nil	Nil
Vasectomy	3.0%	0.1%
12. Mean age (in years) of clients:		
Tubectomy	29.9	29.0
Vasectomy	44.1	42.2
13. Proportion of clients under 20 years old:		
Tubectomy	0.8%	Nil
Vasectomy	Nil	0.1%
14. Proportion of clients over 49 years old:		
Tubectomy	Nil	Nil
Vasectomy	28.4%	21.3%
15. Mean number of living children:		
Tubectomy	3.7	4.0
Vasectomy	3.9	3.8
16. Proportion of clients with 0-1-2 children:		
<u>Tubectomy</u>		
0	0.3%	0.8%
1	2.2%	1.0%
2	19.8%	17.3%
<u>Vasectomy</u>		
0	0.6%	0.1%
1	2.0%	3.0%
2	19.6%	15.4%
17. Proportion of clients referred by (clinic record data):		
<u>Tubectomy</u>		
Fieldworker	61.0%	63.8%
Registered Dai	19.0%	17.1%
Registered Agent	12.4%	10.4%
General public	7.0%	8.7%

Findings	January - March 1985 quarter	April - June 1985 quarter
17. <u>Vasectomy</u>		
Fieldworker	38.4%	40.4%
Registered Dai	15.7%	8.0%
Registered Agent	12.0%	26.7%
General public	33.1%	24.9%
18. Proportion of clients referred by (survey data):		
<u>Tubectomy</u>		
Fieldworker	53.5%	56.3%
Registered Dai	18.6%	11.8%
Registered Agent	14.6%	16.5%
General public	9.6%	12.4%
Went alone	0.5%	1.4%
Does not know	1.3%	1.6%
<u>Vasectomy</u>		
Fieldworker	32.2%	24.1%
Registered Dai	5.4%	7.2%
Registered Agent	11.4%	22.6%
General public	36.7%	25.4%
Went alone	11.0%	15.7%
Does not know	2.4%	5.0%

APPENDIX - A

Table 1: Distribution of the sterilized clients in selected upazilas by audits/evaluations and their recorded residence^{1,2}

Recorded residence of clients	Audit/evaluation quarters									Overall
	April-June 1983	July-Sept 1983	Oct.-Dec. 1983	Jan.-March 1984	April-June 1984	July-Sept. 1984	Oct.-Dec. 1984	Jan.-March 1985	April-June 1985	
Within the upazila	6983 (81.6)	6494 (88.0)	17602 (82.6)	17859 (73.3)	12521 (76.9)	17463 (75.3)	17396 (72.3)	9676 (53.1)	9190 (58.5)	115184 (72.4)
Outside the upazila	1575 (18.4)	884 (12.0)	3699 (17.4)	6503 (26.7)	3763 (23.1)	5732 (24.7)	6663 (27.7)	8546 (46.9)	6523 (41.5)	43888 (27.6)

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

²From the January-March 1985 quarter both BDG and NGO clinics performances were included while the earlier quarters included only BDG performance.

28

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/not exist clients	Persons providing evidences								
		Referrer	Referrer and FP worker (FWA)	Referrer and ward member	Referrer and villager	Referrer, FPA, ward member, and school teacher	FPA, ward member, school teacher and village head	FWA	Village head	
Sherpur	1	1	-	-	-	-	-	-	-	-
Birgonj	1	-	1	-	-	-	-	-	-	-
Palashbari	3	1	-	1	1	-	-	-	-	-
Gangachara	39	-	-	-	-	8	31	-	-	-
Khansama	36	-	19	-	-	-	-	17	-	-
Ranisankail	12	-	-	-	1	2	6	-	3	-
Total	92	2	20	1	2	10	37	17	3	-

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

Upazilas	Categories of informed consent forms	
	Not signed by clients	Not approved by USAID
Sreepur	4	-
Panchbibi	-	6
Lalpur	2	-
Kishoregonj	1	-
Tarash	3	-
Kaunia	-	10
Rampal	-	15
Total	10	31

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}		
	Tub	Vas	All	Tub	Vas	All
<u>BDG STRATUM:</u>						
<u>Tangail</u>						
Madhupur	10	-	10	1.00	-	1.00
<u>Bogra</u>						
Sherpur	2	76	78	1.00	0.91	0.91
<u>Netrakona</u>						
Barhatta	1	19	20	1.00	1.00	1.00
<u>Narayangonj</u>						
Sadar	18	6	24	1.00	1.00	1.00
<u>Gazipur</u>						
Sreepur	9	24	33	0.89	1.00	0.97
<u>Joypurhat</u>						
Panchbibi	8	4	12	1.00	1.00	1.00
<u>Naogaon</u>						
Badalgachi	12	-	12	1.00	-	1.00
<u>Sirajgonj</u>						
Tarash	4	2	6	1.00	1.00	1.00
<u>Chuadanga</u>						
Alamdanga	11	-	11	1.00	-	1.00
<u>Gaibandha</u>						
Gobindagonj	10	23	33	1.00	0.96	0.97
Palashbari	2	26	28	1.00	0.85	0.86
<u>Rangpur</u>						
Pirgonj	2	14	16	1.00	1.00	1.00
Kaunia	-	95	95	-	1.00	1.00
Gangachara	-	130	130	-	0.02	0.02

Upazilas	Weighted sample size			Proportion of actually sterilized cases for the sample ^{1,2}		
	Tub	Vas	All	Tub	Vas	All
<u>Natore</u>						
Sadar	19	2	21	1.00	1.00	1.00
Lalpur	16	9	25	1.00	0.89	0.96
<u>Pabna</u>						
Chatmohar	15	1	16	1.00	1.00	1.00
<u>Thakurgaon</u>						
Pirgonj	-	85	85	-	0.93	0.93
Haripur	1	25	26	1.00	1.00	1.00
Ranisankail	23	42	65	0.35	0.24	0.28
<u>Nilphamari</u>						
Sadar	14	14	28	1.00	1.00	1.00
Kishoregonj	20	9	29	0.90	1.00	0.93
<u>Lalmonirhat</u>						
Hatibandha	1	34	35	1.00	1.00	1.00
Patgram	12	11	23	1.00	1.00	1.00
<u>Jhenaidah</u>						
Sailakupa	25	-	25	1.00	-	1.00
<u>Bagerhat</u>						
Rampal	3	38	41	1.00	1.00	1.00
<u>Khulna</u>						
Fultala	-	22	22	-	1.00	1.00
<u>Panchagar</u>						
Boda	2	68	70	1.00	0.91	0.91
<u>Dinajpur</u>						
Khansama	22	34	56	0.00	0.00	0.00
Birgonj	38	89	127	1.00	0.97	0.98
<u>Barisal</u>						
Bakergonj	18	52	70	1.00	1.00	1.00
<u>Barguna</u>						
Sadar	32	39	71	1.00	1.00	1.00

Upazilas	Weighted sample size			Proportion of actually sterilized cases for the sample ^{1,2}		
	Tub	Vas	All	Tub	Vas	All
<u>Patuakhali</u>						
Kalapara	17	2	19	1.00	1.00	1.00
Bauphal	24	1	25	1.00	1.00	1.00
<u>Perojpur</u>						
Sadar	2	30	32	1.00	1.00	1.00
Bhandaria	2	23	25	1.00	0.91	0.92
<u>Chittagong</u>						
Sitakunda	68	2	70	0.94	1.00	0.94
<u>Noakhali</u>						
Begumgonj	5	1	6	1.00	1.00	1.00
<u>NGO STRATUM:</u>						
<u>Gazipur</u>						
Tongi	4	16	20	1.00	1.00	1.00
<u>Narayangonj</u>						
Sadar	1	10	11	1.00	1.00	1.00
<u>Bogra</u>						
Sadar	-	110	110	-	1.00	1.00
<u>Serajgonj</u>						
Sadar	7	3	10	1.00	1.00	1.00
<u>Kushtia</u>						
Sadar	32	9	41	1.00	1.00	1.00
<u>Rangpur</u>						
Sadar	9	82	91	1.00	1.00	1.00
<u>Jessore</u>						
Sadar	15	35	50	1.00	1.00	1.00

Upazilas	Weighted sample size			Proportion of actually sterilized cases for the sample ^{1,2}		
	Tub	Vas	All	Tub	Vas	All
<u>Comilla</u>						
Sadar	22	11	33	1.00	1.00	1.00
<u>Chandpur</u>						
Sadar	2	9	11	1.00	1.00	1.00
<u>Barisal</u>						
Sadar	10	25	35	1.00	1.00	1.00
<u>Sylhet</u>						
Sadar	15	20	35	1.00	1.00	1.00
<u>Noakhali</u>						
Shudharam	19	14	33	1.00	1.00	1.00
<hr/>						
<u>NATIONAL:</u>	662	1546	2208	0.934	0.855	0.879

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', 'operations not done in recorded clinic', and 'double operations', 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 1983	July-Sept. 1983	Oct.-Dec. 1983	Janu.-March 1984	April-June 1984	July-Sept. 1984	Oct.-Dec. 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 USAID-approved <u>among actually sterilized clients</u> :							
Tubectomy	-	-	-	-	-	-	0.9%
Vasectomy	-	-	-	-	-	-	4.1%

509

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%

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

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
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. REFERRER:

Name of the referrer : _____

Type of referrer: BDG FP Fieldworker 1NGO FP Fieldworker 2FP Fieldworker (Not
ascertained whether
BDG or NGO) 3Registered Dai 4Registered Agent 5Other _____ 6
(specify)Address of the referrer: _____

E. INFORMED CONSENT FORM (ICF):

(i) Type of ICF:USAID approved 1 BDG ICF without stamp 2Others 3 No ICF 4 (SKIP TO F)(ii) Signing/Thumb impression by:Client : Signed 1 Not signed 2Physician : Signed 1 Not signed 2Witness : Signed 1 Not signed 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				

*PERSON ASSISTING

None	1	Village Peers	5
Referrer	2	Villagers	6
F.P. Worker (Govt.)	3	Ward Members	7
NGO Worker	4	Other _____ (specify)	8

**RESULT CODES

Client located	1
Address found, but no such person ever lived at that address	2
Address found, but client has permanently left that address	3
Address found, but client was only temporarily visiting there	4
Address does not exist/not found	5
Address given on forms was incomplete	6
No attempt made to locate client	7
_____ (specify reason)	
Other _____ (specify)	8

INTERVIEWER: If the result code is other than 1, write down below the reasons and collect evidences from local FWA, FPA, NGO workers, Referrers, Ward Members.

Reasons: _____

(1)

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

95

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

Before the quarter

(Month/year ago)

Second operation:

Within the quarter

Before the quarter

(Month/year ago)

(SKIP TO 408)

Referrer 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 referrer: _____

Address : _____

403. (Interviewer: Tick the appropriate box)

Recorded referrer 1

Other than the
recorded referrer 2

(SKIP TO 501)

Does not know/remember the referrer 3

404. Do you know the following person?

Name and address of the recorded referrer

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 referrer)
 operation? (PROBE)

Yes 1 No 2 Does not know 3

↓

With whom did you go?

Name _____

Type of referrer _____

Address _____

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

Yes 1 No 2 Does not know 3

↓

With whom did you go?

Name _____

Type of referrer _____

Address _____

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/referrer/office?

Paid by self 1 Paid by referrer 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)

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 (referrer'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 _____

111

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?

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"/>	<input type="text"/>
Converted No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stratum	<input type="text"/>			
PSU No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TS	<input type="text"/>	ISU No.	<input type="text"/>	<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"/>				
<u>Result Codes*</u>	Completed	- 1	Refused	- 3
	Respondent		Transfer	- 4
	not available	- 2	Others (specify)	- 8

115

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
(SKIP TO 4)

Do not include performing sterilization operation 2

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"/>	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"/>

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 duties you are required to perform for sterilization of clients?

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 _____ (or now)?
 (beginning month ending month)

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)

125

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.

APPENDIX - B4

Interviewing Schedule for the Referrer

EVALUATION OF VOLUNTARY STERILIZATION PROGRAM

INTERVIEWING SCHEDULE FOR THE REFERRER

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="text"/>
PSU No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	1.	<input type="text"/>
				ISU No.	<input type="text"/>
				Type of clinic	<input type="text"/>
				Sample client No.	<input type="text"/>

REFERRER IDENTIFICATION	
Name of the referrer: _____	Type of referrer: _____
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*																			
<div style="text-align: right; margin-bottom: 5px;">Interviewer's code <input style="width: 50px;" type="text"/></div> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Completed</td> <td style="width: 10%;">- 1</td> <td style="width: 30%;">Address not found</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Respondent not available</td> <td>- 2</td> <td>Left the address</td> <td>- 5</td> <td></td> </tr> <tr> <td>Refused</td> <td>- 3</td> <td>Others(specify)....</td> <td>8</td> <td></td> </tr> </table>					Completed	- 1	Address not found			Respondent not available	- 2	Left the address	- 5		Refused	- 3	Others(specify)....	8	
Completed	- 1	Address not found																	
Respondent not available	- 2	Left the address	- 5																
Refused	- 3	Others(specify)....	8																

128

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 referring of sterilization clients 1 Do not include referring of sterilization clients 2

(SKIP TO 8)

6. Do you refer sterilization clients to the

? (recorded clinic)

Yes 1 No 2

(SKIP TO 18)

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

For earning an income 1 For other reasons 2

Specify

129

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

Yes

No

(SKIP TO 19)

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

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

Yes

No

(SKIP TO 19)

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

Yes

No

(SKIP TO 18)

12. How much did you receive for referring the client?

_____ (amount)

Don't know

(SKIP TO 19)

- 13.

INTERVIEWER: TICK THE APPROPRIATE BOX

The approved amount

Less than the approved amount

More than the approved amount

(SKIP TO 21)

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

Yes 1 No 2

(SKIP TO 18)

15. What is the amount?

_____ Don't know
(amount)

(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 referrer of sterilization clients is paid a fee for each client he/she refers?

Yes 1 No 2

19. (But) Family planning records show that you referred 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.