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A SPECIAL SURVEY REPORT

ON

THE 'OUTSIDE CASES' OF THE THREE SELECTED UPAZILAS FOR THE 1984 APRIL-JUNE QUARTER

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INTRODUCTION

1.1. Background information:

The audit of Bangladesh Government Voluntary Sterilization (VS) Reimbursement Program conducted on a quarterly basis was first started from April-June 1983 quarter by M/s. M.A.Quasem & Co. under a contract signed with the USAID, Dhaka. The audits were conducted through sample survey procedures. The audit part of the survey was discontinued from the October-December 1984 quarter and a quarterly evaluation of the VS Program was conducted instead. This has been done following some changes and modifications in the objectives of the survey.

All the previous quarterly audits were carried out using the approved methodology which remained unchanged for each quarter, with a few minor exceptions. Only sterilization cases performed by only the BDG clinics were considered for the purpose of the audits. The clients sterilized in the NGO clinics were excluded from the survey. Moreover, the clients sterilized in the BDG clinics but residing in the upazilas outside the selected upazilas were also not included in the audit samples. These clients constitute a group who may be termed as 'outside the upazila' cases, or simply the 'outside' cases. As opposed to the 'outside' cases, sterilization clients undergoing operation in their own upazila may be referred to as 'within the upazila' cases or simply 'within' cases, for sake of convenience. However, an increasing number of 'outside' cases was observed in the previous quarterly audits. Of total BDG sterilization cases audited during the period from April 1983 to June 1984, an average of 21.1 percent were found to be the 'outside' cases. The table (Table-1) given below shows the proportion of the 'within' and 'outside' cases in the previous audit quarters.

Table-1: Distribution of the sterilized clients in selected upazilas by quarterly audits and their recorded residence[1]

Recorded residence of clients	Audit quarters					
	April-June quarter 1983	July-Sept. quarter 1983	October-December quarter 1983	January-March quarter 1984	April-June quarter 1984	Overall
Within the upazila	6983 (81.6)	6494 (88.0)	17602 (82.6)	17859 (73.3)	12521 (76.9)	61459 (78.9)
Outside the upazila	1575 (18.4)	884 (12.0)	3699 (17.4)	6503 (26.7)	3763 (23.1)	16424 (21.1)

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

It is, therefore, obvious that the audit results of the previous audit quarters were limited to the clients operated upon in the BDG clinics based on verification of 'within cases' only. National estimates were derived on the assumption that findings obtained from the 'within cases' would also hold good for the 'outside cases'. As a matter of fact, the findings of verification of the BDG sterilization clients could have been different had the audit and evaluation included the 'outside' cases. The study of the 'outside cases' therefore warranted a special concern. The increasing trend of outside cases also contributed to such a concern.

After the final audit report of April-June 1984 quarter was published, the USAID became particularly concerned about upazilas where a very high percentage of the recorded cases came from outside those upazilas. Of special concern were those upazilas in which most of the outside cases were vasectomy

clients. With this back-drop, USAID requested an immediate investigation of the 'outside cases' in 3 selected upazilas.

This report presents the findings obtained through a special survey of 'outside cases' in 3 selected upazilas conducted in January, 1985, by the contractor, M/s. M.A. Quasem & Co.

1.2. Objectives:

The main objective of this special survey was to find out whether there were significant variations between the findings of the 'outside' clients as opposed to those of the 'within' cases as recorded by earlier audits/surveys. The specific objectives for the survey as far as they related to the 'outside' cases were:

a) to estimate the number of clients actually sterilized;

b) to estimate the average rate paid to actually sterilized clients for wage-loss compensation, food, and transport costs; and

c) to estimate the proportion of clients who did not receive sarees and lungis.

Another major purpose of this survey was to ascertain the reasons why the recorded clients preferred to be sterilized outside the upazilas of their residence.

1.3. Coverage and methodology:

Three upazilas, namely, Naogaon Sadar, Natore Sadar, and Kotiadi of Kishoregonj district were selected from among the 50 sampled upazilas of April-June 1984 audit quarter for the purpose of the special survey for 'outside' cases.

In these upazilas, there was a high proportion of the recorded 'outside' cases as compared to other selected upazilas. Table-2 shows the total 'within' and 'outside' cases (BDG cases only) by three selected upazilas where the proportion of the 'outside' cases were high during the April-June 1984 quarter.

The survey required that in each of the three upazilas - Naogaon, Natore and Kotiadi, the 'outside' clients should be listed by village, union, and upazila for tubectomy and vasectomy separately. The specification of the contract for the survey also required that these clients should be clustered into regional groups -- one cluster of vasectomy clients to be formed with 40 clients and another cluster of tubectomy clients to be formed with 10 clients for interview in each of the 3 upazilas.

One special group of the firm's regular field staff comprising both male and female interviewers were sent to each of those 3 upazilas in January, 1985. One senior officer of the firm was also sent to each of the upazilas during the fieldwork for constant supervision.

The procedures followed for the fieldwork of this special survey were the same as those followed at the time of the previous audit surveys. The main interviewing schedules used for 'within' clients were also used for the 'outside' clients. In addition to those, a set of supplementary questions were added to the interviewing schedules. The purpose for asking the supplementary questions was to elicit information from the clients on the reasons of their preference to undergo sterilization in the upazila outside his/her own upazila.

Table-2: Distribution of recorded clients (within and outside upazila cases) by selected upazilas for the April-June 1984 quarter

Upazila	Within cases			Outside cases			Total		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
Naogaon	74 (75.5)	120 (27.1)	194 (35.9)	24 (24.5)	323 (12.9)	347 (64.1)	98 (100.0)	443 (100.0)	541 (100.0)
Natore	178 (53.1)	324 (40.2)	502 (44.0)	157 (48.9)	482 (54.8)	639 (56.0)	335 (100.0)	806 (100.0)	1141 (100.0)
Kotiadi	219 (76.0)	628 (42.1)	847 (47.6)	69 (24.0)	865 (57.9)	934 (52.4)	288 (100.0)	1493 (100.0)	1781 (100.0)
Average	157 (65.4)	357 (39.1)	514 (44.5)	83 (34.6)	557 (60.9)	640 (55.5)	240 (100.0)	914 (100.0)	1154 (100.0)

RESULTS OF THE SURVEY

As already mentioned, three upazilas, namely Naogaon, Natore and Kotiadi, were chosen for the survey from among the 50 upazilas selected for the quarterly audit conducted during the April-June 1984 quarter. The survey was limited to the selected clients who came to these three upazilas from outside for undergoing the operation. The findings, as tabulated and discussed, are mostly independent for each of the three selected upazilas. The clients were however found to have been widely scattered all around the selected upazilas, some of them were even found to have come from very distant upazilas. Therefore, before going into the findings on locating and interviewing the clients, it is considered worthwhile to discuss here the nature of dispersal of the clients in various upazilas outside the upazilas where they had undergone the operation.

As has been found out in the survey, the clients coming to any of the three upazilas for the purpose of getting themselves sterilized were found to have been widely scattered around the selected upazilas. The upazilas from where the selected clients had come did not necessarily belong to the same district. In some cases, clients were found to have come even from other districts and in some cases even from other divisions.

Table-3 illustrates the number of such upazilas from where the selected clients had come to the three selected upazilas for the purpose of undergoing sterilization operation. For example, the outside clients in Natore upazila were found to have come from as many as 57 different upazilas. For

Table:-3: Distribution of number of outside upazilas from where clients came to the selected upazilas for sterilization by percentage categories of outside clients

Selected upazila	Number of outside cases which came to the selected upazila	Number of outside upazilas from where clients came to the selected upazila	Proportion of outside cases coming from each of the selected upazilas by locating											
			Contiguous						Non contiguous					
			50%-59%	40%-49%	30%-39%	20%-29%	10%-19%	Less than 10%	50%-59%	40%-49%	30%-39%	20%-29%	10%-19%	Less than 10%
Kotiadi	934	7	1	-	-	-	-	-	-	-	-	-	-	6
Natore	639	57	-	-	-	1	3	-	-	-	-	-	-	53
Naogaon	347	51	-	-	-	1	2	-	-	-	-	-	-	48

Naogaon and Kotiadi the clients were found to have come from 51 and 7 different upazilas respectively. Thus, on an average, for one upazila the clients were found to have come from 38 different upazilas for undergoing sterilization operation.

It may, prima facie, look like a very difficult proposition to interview clients from all those myriad upazilas in case of the survey of outside clients of only one selected upazila. The survey, however, revealed that most of these outside clients had come from the surrounding or contiguous upazilas. For Kotiadi, for example, only one upazila which is contiguous to Kotiadi (Monohordi of Narsingdi district) contributed to more than 50 percent of the total outside cases for the upazila. Similarly, three contiguous upazilas accounted for almost 50 percent of the total outside cases for Naogaon, while four contiguous upazilas accounted for as many cases for Natore. All of the noncontiguous upazilas had ten percent or less of the clients.

While selecting the client sample of 150 clients for this survey, clients coming from only those contiguous upazilas were considered. However, clients of the noncontiguous upazilas were excluded from the sample as they were very remote cases and were also widely scattered.

2.1. Located clients (Table-4):

Interviewers made vigorous attempts to locate and interview the clients of the outside upazila cases for the 1984 April-June quarter. When and where necessary several attempts were made by interviewers and also by supervisors to locate a particular client during their fieldwork. They first tried to locate the clients by themselves or by asking villagers. If the first attempt failed, assistance was sought from the local family planning fieldworkers, ward members, and from referrers in locating the client. Interviewers

Table-4: Status of locating clients by selected upazilas

Status of locating clients	Categories of clients by upazilas											
	Kotiadi			Natore			Naogaon			All		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
Client located	9 (90.0)	35 (87.5)	44 (88.0)	10 (100.0)	35 (87.5)	45 (90.0)	10 (100.0)	33 (82.5)	43 (86.0)	29 (96.7)	103 (85.8)	132 (88.0)
Address not found[2]	-	5 (12.5)	5 (10.0)	-	3 (7.5)	3 (6.0)	-	4 (10.0)	4 (8.0)	-	12 (10.0)	12 (8.0)
Client permanently left the address	-	-	-	-	-	-	-	2 (5.0)	2 (4.0)	-	2 (1.7)	2 (1.3)
Client died	1 (10.0)	-	1 (2.0)	-	2 (5.0)	2 (4.0)	-	1 (2.5)	1 (2.0)	1 (3.3)	3 (2.5)	4 (2.7)
Total[3]	10 (100.0)	40 (100.0)	50 (100.0)	10 (100.0)	40 (100.0)	50 (100.0)	10 (100.0)	40 (100.0)	50 (100.0)	30 (100.0)	120 (100.0)	150 (100.0)

[1] Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

[2] 'Address not found' includes both those clients who never lived at the address indicated and clients whose listed addresses did not exist.

[3] Total in this table is the number of selected recorded clients.

noted down reasons and evidence for each of the unsuccessful attempts to locate the selected clients from the person assisting.

Among the 150 clients selected for the survey of the outside upazila cases, 88.0 percent (132) could be located in the field, which included 96.7 percent of the tubectomy clients and 85.8 percent of the vasectomy clients. There were no significant variations in the proportions of clients located from among the total selected clients for each of the three upazilas. Of the not located clients, for all the upazilas, 1 tubectomy client and 3 vasectomy clients were reported to have died. However, no evidence could be found by the interviewers to relate the cause of their death with the sterilization operation.

The vasectomy clients who could not be located consisted of two categories: 'address not found' and 'client permanently left the address'. As can be seen in Table-4, these categories were not found for tubectomy clients. The 'address not found' group included both those clients who never lived at the address indicated and clients whose listed address did not exist. On an overall count, 12 vasectomy clients (5 from Kotiadi, 3 from Natore, and 4 from Naogaon) fell into this category. Only 2 vasectomy clients of Naogaon fell into the other category, that is, the 'client permanently left the address' group.

2.2. <u>Interviewed clients (Table-5):</u>

Among the 132 located clients, interviews were conducted with 117 clients (88.6 percent) comprising 28 tubectomy clients and 89 vasectomy clients. The proportion of interviewed clients was

higher for Kotiadi (95.5. percent) than for Natore (80.0 percent) and Naogaon (90.7 percent). The remaining 15 clients (11.6 percent) could not be intervi· ɜd as they were found absent from their given address during the scheduled stay of the interviewing team in their localities. The proportion of not interviewed clients was higher for vasectomy (13.6 percent) than for tubectomy (3.4 percent). Most of these not interviewed clients were in Natore.

Table-5: Status of interviews of the clients located by selected upazilas[1]

Interview status	Categories of clients by upazilas											
	Kotiadi			Natore			Naogaon			All		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
Interviewed	9 (100.0)	33 (94.3)	42 (95.5)	10 (100.0)	26 (74.3)	36 (80.0)	9 (90.0)	30 (90.9)	39 (90.7)	28 (96.6)	89 (86.4)	117 (88.6)
Not interviewed	-	2 (5.7)	2 (4.5)	-	9 (25.7)	9 (20.0)	1 (10.0)	3 (9.1)	4 (9.3)	1 (3.4)	14 (13.6)	15 (11.6)
Total	9 (100.0)	35 (100.0)	44 (100.0)	10 (100.0)	35 (100.0)	45 (100.0)	10 (100.0)	33 (100.0)	43 (100.0)	29 (100.0)	103 (100.0)	132 (100.0)

[1]Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

2.3. Whether sterilized (Table-6):

Each of the interviewed (117) clients was aksed a set of indirect questions to ascertain whether s(he) was actually sterilized. Replying to these questions, all the clients reported that they had the sterilization operation. Thus, reportedly, all the tubectomy and vasectomy clients who were interviewed were found to be genuine cases of sterilization.

Table-6: Sterilization status as reported by the clients interviewed[1]

Status	Categories of clients		
	Tubectomy	Vasectomy	All
Sterilized	28 (100.0)	89 (100.0)	117 (100.0)
Not sterilized	-	-	-
Total	28 (100.0)	89 (100.0)	117 (100.0)

[1]Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

2.4. Reported clinic (Table-7):

All the interviewed clients who reported themselves as having been sterilized were asked to name the clinic in which they had the operation. This was done to ascertain if the clients' reported clinic of operation was the same as or different from the clinic in which s(he) had been recorded to have been sterilized.

The distribution of the interviewed clients by the recorded clinic is shown in Table-7. It can be seen from the table that all the clients mentioned the recorded clinic as the clinic of their operation.

Table-7: Reported clinic by categories of clients interviewed[1]

Reported clinic	Categories of clients		
	Tubectomy	Vasectomy	All
Recorded clinic	28 (100.0)	89 (100.0)	117 (100.0)
Other than recorded clinic	-	-	-
Total	28 (100.0)	89 (100.0)	117 (100.0)

[1]Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

2.5. Reported referrer (Table-8):

Any interviewed client reporting herself/himself as sterilized was asked a question to find out if the client was actually referred for sterilization by the referrer shown in sterilization records of the family planning office.

If the reported referrer was found to be other than the recorded referrer, the client was asked further question to ensure that s(he) was not a duplicate case of sterilization, being recorded twice in sterilization books or sterilized twice.

Table-8: Reported referrers of interviewed clients by selected upazilas[1]

Reported referrer	Categories of clients by upazilas											
	Kotiadi			Natore			Naogaon			All		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
Recorded referrer	1 (11.1)	13 (39.4)	14 (33.3)	10 (100.0)	23 (88.5)	33 (91.7)	9 (100.0)	17 (56.7)	26 (66.7)	20 (71.4)	53 (59.6)	73 (62.4)
Other than recorded referrer	8 (88.9)	16 (48.5)	24 (57.1)	-	2 (7.7)	2 (5.6)	-	-	-	8 (28.6)	18 (20.2)	26 (22.2)
Does not know	-	-	-	-	1 (3.8)	1 (2.7)	-	1 (3.3)	1 (2.6)	-	2 (2.2)	2 (1.7)
Went alone	-	4 (12.1)	4 (9.5)	-	-	-	-	12 (40.0)	12 (30.8)	-	16 (18.0)	16 (13.7)
Total	9 (100.0)	33 (100.0)	42 (99.9)[a]	10 (100.0)	26 (100.0)	36 (100.0)	9 (100.0)	30 (100.0)	39 (100.1)[a]	28 (100.0)	89 (100.0)	117 (100.0)

[1] Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

[a] Percentage total does not add to 100.0 due to rounding error.

The distribution of the interviewed clients by reported referrers is shown in Table-8. As can be seen from the table, 22.2 percent of the clients reported the name of other than the recorded referrer. The percentage was higher for tubectomy (28.6 percent) than for vasectomy (20.2 percent). Another 16 clients - all of whom were vasectomy clients- were found having no referrer. They included 4 clients from Kotiadi and 12 from Naogaon. These clients reported that they went by themselves to the clinics. Another 1.7 percent clients reported that they did not know the recorded referrers.

2.6. Date of sterilization (Table-9):

Since all the selected outside clients of the three upazilas were those who were recorded to have been sterilized within the quarter, April-June 1984, the date of operation for any of them must fall within the quarter. The client could be a false case of sterilization if the reported date had fallen outside the quarter. But as it can be seen from Table-9, all the interviewed clients were found to be genuine cases of sterilization having been operated in the April-June 1984 quarter.

Table-9: Date of operation as reported by the clients interviewed[1]

Date of operation falling	Categories of clients		
	Tubectomy	Vasectomy	All
Within the quarter	28 (100.0)	89 (100.0)	117 (100.0)
Before the quarter	-	-	-
Total	28 (100.0)	89 (100.0)	117 (100.0)

[1]Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

2.7. Amounts received (Table-10):

The interviewed clients were asked questions about payments that they received for undergoing the sterilization operation. Table-10 shows the distribution of interviewed clients by selected upazilas and by amounts that they reported to have received.

Among the interviewed 117 clients, 112 clients reported that they had received the approved amount of Tk. 175/-. The remaining 5 clients (one from Kotiadi and four from Naogaon) reported receiving less than the approved amount. Thus the average rate of amount reported to have been received by the tubectomy clients was found to be Tk.174.82 and that by the vasectomy clients Tk. 173.37.

2.8. Surgical apparel (Table-11):

Each interviewed sterilized client was asked 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, a lungi.

Table 11 shows the distribution of interviewed clients by upazilas and by the distribution status of the surgical apparel. As evident from the table, 3 clients (3.4 percent) reported that they had not received the surgical apparel. These three interviewed clients were vasectomy clients, 2 of whom were from Natore and 1 from Naogaon. It was thus found that while 100 percent of the tubectomy clients were given the surgical apparel, the proportion of vasectomy clients receiving the surgical apparel was overall 96.6 percent.

Table-10: Amounts reportedly received by the interviewed clients by selected upazilas[1]

Amounts received (in Taka)	Categories of clients by upazilas											
	Kotiadi			Natore			Naogaon			All		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
175.00	9	32	41	10	26	36	8	27	35	27	85	112
170.00	-	-	-	-	-	-	1	-	1	1	-	1
165.00	-	-	-	-	-	-	-	1	1	-	1	1
160.00	-	-	-	-	-	-	-	1	1	-	1	1
120.00	-	-	-	-	-	-	-	1	1	-	1	1
110.00	-	1	1	-	-	-	-	-	-	-	1	1
Total	9	33	42	10	26	36	9	30	39	28	89	117

Average rate : Tubectomy Tk. 174.82 and Vasectomy Tk. 173.37.

[1]Figures in the table are the absolute number for the category.

Table-11: Status of receipt of surgical apparel by the interviewed clients by selected upazilas[1]

Status of receipt	Categories of clients by upazilas											
	Kotiadi			Natore			Naogaon			All		
	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All	Tub.	Vas.	All
Received	9 (100.0)	33 (100.0)	42 (100.0)	10 (100.0)	24 (92.3)	34 (94.4)	9 (100.0)	29 (96.7)	38 (97.4)	28 (100.0)	86 (96.6)	114 (97.4)
Did not receive	-	-	-	-	2 (7.7)	2 (5.6)	-	1 (3.3)	1 (2.6)	-	3 (3.4)	3 (2.6)
Total	9 (100.0)	33 (100.0)	42 (100.0)	10 (100.0)	26 (100.0)	36 (100.0)	9 (100.0)	30 (100.0)	39 (100.0)	28 (100.0)	89 (100.0)	117 (100.0)

[1]Figures without brackets are the absolute number, while those within brackets are the percentage for the category.

2.9. Reasons for the clients' preference to undergo sterilization operation in upazilas outside the upazilas of their residence:

As has been explained in the methodology part of this report, the three upazilas selected for the survey were found to have contained the highest number of outside cases during the April-June 1984 audit quarter. Among these three upazilas two are Sadar (district headquarters) upazilas and are essentially urban in character. The other upazila-Kotiadi - is a rural one. The reasons for the outside clients' preference to undergo sterilization operation in these three upazilas can be documented as (a) observed reasons and (b) reported reasons.

2.9.1. Observed reasons:

The field personnel of the survey were instructed to observe and note the geographical situation, nearness to market place, communication facilities etc. of the three selected upazilas. The clinic in Kotiadi offering sterilization services was found to be situated near the major river port of Monohordi, a neighbouring upazila in the district of Narsingdi. These two places lie just across the river Brahmaputra and have excellent means of communication and transportation between them. Besides, 'Kotiadi Hat' - a temporary weekly bazar, is one of the biggest of its kind in the region. The other two selected upazilas, namely Naogaon and Natore, being urban upazilas, have good communication facilities with places of the surrounding upazilas and also have big market places. Therefore, the characteristics that have been found to be in common with these selected upazilas can be noted to be the nearness to big market places and good communication and transportation linkage with places of the neighbouring upazilas from where most of these outside clients had come. This can be an important reason for the proclivity of the clients to come from the other upazilas to those selected upazilas for the purpose of sterilization.

2.9.2. Reported reasons (Table - 12):

Each of the interviewed outside clients was asked a question-- " You belong to _____ upazila/thana whereas you have undergone sterilization in a clinic in _____ upazila/ thana. May I know the reason ? ", to ascertain the reason for his/her preference to undergo sterilization operation in the clinic of the selected upazila despite the fact that such facilities also existed in his/her own upazila. The interviewers noted down the responses given by the clients verbatim. The responses by the clients were spontaneous. They were not prompted and no leading question was asked. Probing was however done for adequate responses. The reasons given by the respondents and recorded in the questionnaire verbatim are termed 'reported reasons' for the clients' preference to undergo sterilization operation in clinics outside their upazila of residence. These reported reasons have been tabulated in broad categories along with the corresponding number of respondents mentioning the reasons. Different types of reasons or factors were recorded during the personal interviews which had more or less the same bearing. These reasons which connote the same or similar meanings were lumped together into one broad category. Table-12 lists the broad categories of reasons given by the respondents which have been shown separately for each selected upazila as well for all these upazilas together, by tubectomy and vasectomy. Some respondents mentioned more than one reason for their preference to undergo sterilization operation in an outside upazila. Therefore, the number by respondents in the table by columns may be greater than the total number of clients interviewed. There was however no client who did not give any such reason.

Most of the tubectomy clients, on the overall, reported 'more accessible' as the reason for their undergoing sterilization operation outside their own upazilas. This category was followed by

'better services' category. On the other hand, vasectomy clients mentioned 'more accessible' and "recommended and accompanied by field agent" as the two major reasons. For Kotiadi, all the tubectomy clients and most of the vasectomy clients reported 'more accessible' as the only reason whereas for the two other upazilas, most of the vasectomy clients said that they had gone to other upazilas because somebody, mainly their referrers, recommended the clinic and accompanied them there.

It is evident from the table that some of the vasectomy clients went to other upazilas outside their own only to maintain secrecy about sterilization. Two tubectomy clients who were sterilized in Natore had sought another clinic outside their own upazila because they were rejected, on health ground, for sterilization by the clinics in their own upazila.

Table - 12: Distribution of sterilization clients from outside the selected upazilas by reported reasons for accepting sterilization operation outside their own upazila

Reported reasons	Kotiadi		Natore		Naogaon		All	
	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.	Tub.	Vas.
Recommended by field agent referrer	-	5	1	18	4	13	5	36
Better services	-	4	7	2	1	5	8	11
More accesseble	9	31	-	2	1	5	10	38
Lack of knowledge on sterilization facilities in their own upazila	-	-	1	6	-	-	1	6
Rejected, on health ground, for sterilization in own upazila	-	-	2	-	-	-	2	-
Desire to maintain secrecy	-	-	-	1	-	3	-	4
Visited the recorded upazila primarily for some other purpose	-	-	-	1	3	5	3	6
Others	-	-	-	1	-	2	-	3
Total number of clients interviewed	9	33	10	26	9	30	28	89

3. CONCLUSION

This special survey on the outside clients has been carried out at USAID request. The findings of the survey of the outside clients has not revealed any fact significantly different from those obtained from the audit of the within cases done during the April-June 1984 quarter or for that matter any other audit quarter. Data on locating and interviewing the clients, clinics, time of operation, payments to the clients etc. collected during the special survey on the outside clients did not differ materially from those obtained from the surveys of the within cases. No attempt has, however, been taken for statistical comparison of these outside findings with the corresponding findings obtained earlier from the within cases. The sample size and the selection procedures were different for the two surveys, that is, the special survey for outside clients and the main survey conducted for only within clients.

This special survey indicated that the reasons the clients went to a clinic outside of their upazila were quite understandable. It therefore seems that in view of the above findings, surveys conducted specially for the outside clients are not necessary as they do not reveal any significant information on the clients.