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**TRAINING NEED ASSESSMENT OF UPAZILLA
HEALTH AND FAMILY PLANNING OFFICIALS**

**PREPARED FOR :
NIPOORT, MOHPC
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Health and Family Planning

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1. Introduction and Study Design

1.1 Introduction

The integration of health and population control at the upazilla level with a redefined management structure comprised of professional doctors as administrators has significant implications for a new dimension in programme management of the sector. Whether this integration was desirable or not is a matter of further debate. However, given that, integration is the existing basis of operations in the sector; the implications of this must be understood in terms of the relevant background and capabilities of the core team at the upazilla level.

There is a strong contention that with the establishment of the Upazilla Health and Family Planning Officer (UHFPO), who is a professional doctor, in the leadership role at the upazilla level, managerial problems in terms of planning, organization, coordination, supervision, implementation and control will not be significantly alleviated but will remain as a critical constraint in attaining the goals of the programme. The UHFPO, it is felt, may not have the requisite management and administrative background. This is not to say that the previous Upazilla Family Planning Officer (UFPO) was comparatively any better in terms of skill and background. Furthermore, given the integrated concept, it is vitally important to establish a firm basis of role relationship and coordinated efforts of all involved officials i.e. UHFPO, UFPO, and Medical Officers (M.O.).

Given the responsibilities of the UHFPO both as a professional doctor and manager of people and resources, it is vitally important that in terms of his job requirements and performance he attains a basic minimum qualification. To achieve this, he must develop certain skills in performing the tasks and responsibilities assigned to him. The same holds true for the UFPOs and MOs who are next in the hierarchy and have very important responsibilities. This may require careful, patient, and often long training even though they may have been associated with the programme in other activities.

Such training inputs do not necessarily have to focus on routine tasks specifically. Training inputs must be carefully selected so that they can make intelligent decisions even when the unusual and unexpected occur.

In fact, given the uncertainties of the socio-politico-economic environment, the dependence on external sources for supplies and funds, the constant changes in operational policy matters, the continuing power struggle and rivalry between the two parallel organizations now merged together, and a host of other reasons, the professional competence of the core team has to be raised significantly so that they can optimize the utilization of their skills and other available resources in achieving programme goals. The purpose of training should be to ensure that they (as well as those with whom they have to interact constantly for decision making purposes) have the knowledge, skills, and attitudes necessary for effective job performance.

According to Hickerson and Middleton, three situations require training¹ :

- The employee does not know how to do all or part of his/her current job.
- The employee is given new tasks requiring new knowledge or attitudes.
- The employee is given an entirely new job requiring new knowledge, skills, or attitudes.

In the context of the integrated health and family planning programme, all the three situations mentioned above seem relevant for the merged organization as a whole. For the UHFPO, particularly the first two situations would seem rather significant.

1.2 Problem Definition

Since the entire health and family planning programme goals and strategy is basically field oriented, the upazilla, which is close to the target population, serves as the spring board for implementing programme strategies and providing administrative and logistic support. The critical role and responsibilities of the UHFPO, under the circumstances, can hardly be overemphasized. In fact, they are the main agents, through whom the programme objectives would have to be attained and the success of the programme depends largely on their ability to guide, lead and manage the programme effectively to achieve the coveted targets. In this connection it may be mentioned that under the new set-up, the job of the UHFPO and his team is really a difficult one. For the UHFPO, particularly, on one hand he has been entrusted with additional tasks and responsibilities by merging two full fledged parallel programme into one, on the other hand, he has to cope with ^{some} directives issued to him from higher authorities from time to time that are confusing, contradictory and often extraneous to the job description that has been prepared for him by the Ministry of Health and Population Control (MOHPC). In the past, several cases of such conflicting directives issued to the UHFPO have been reported. This has resulted in confusion at the field level and sub-optimization of programme goals.

In view of the above situation, it is necessary not only to understand the major tasks and duties of the UHFPO as mentioned in the job description as well as his actual tasks and duties involved, but also to understand the organizational and environmental constraints under which he operates. The tasks and responsibilities of his team must also be clearly defined.

Accordingly, this study was designed to focus specifically on several aspects. Activity sampling, job analysis, and task analysis were undertaken to measure the performance gap of the upazilla team

by going into an in-depth analysis of the tasks and activities that they carry out. Organizational climate analysis was conducted to identify the organizational constraints, both internal and external, under which they operate. Furthermore, personal information, personality and attitude were also inventoried.

Since the competence of the UHFPO and his core team would largely determine the extent of success of the programme, it was deemed necessary to assess the level of their competence & background to function as programme managers, by developing a "personal information record". In other words a "personal profile" analysis was conducted. Furthermore, because of the influence of one's personality and his attitude towards his job, personality and attitude measures were developed to assess his developmental needs. Similar measures were made for the UFPO, and MOs well.

In summary, to alleviate performance deficiency of the upazilla team, the research has endeavoured to identify potential problems in the above mentioned areas which can be improved by training. Efforts have also been devoted to identifying the areas where training is not expected to be very effective; rather, organizational and environmental measures that need be adopted have been studied for addressing the problems of goal attainment of the programme.

1.3 Significance of the Problem

This study on assessing training needs of the upazilla health and family planning administrative team is a current and timely one in the sense that in the wake of the recent decision to integrate the health, and population control and family planning programme and related administrative changes, the actual impact of those changes related to the vitally important position of UHFPO and his task force at the upazilla level must be evaluated to design measures to avoid anticipated problems. Since the UHFPO is the programme manager

at the upazilla level and his administrative capability will largely determine the success of the programme, the task analysis and training need assessment will be of immense value to increasing the effectiveness of the programme through him.

This problem definitely relates to a practical situation having programme implications. In the Health and Population Control and Family Planning Programme, most of the activities are based at the upazilla level. The brunt of the programme efforts and services spreads from the upazilla to the village level. Being in the field, the UHFPO and his team is the link-pin with the higher authorities in the programme and the field personnel at the village, union, and upazilla level. Naturally, the competence of the UHFPO, his administrative ability, and his skill to communicate with and coordinate his team will determine how effectively and efficiently he can help deliver the services that are envisaged by the programme.

However, the difficulties and pressures faced by the UHFPO in and around the organization can create adverse conditions for which the programme might ultimately suffer. Such extraneous problems exist in almost all the upazillas of Bangladesh where the UHFPOs are functioning. Given the circumstances, no such research effort has yet taken place in this area involving the upazilla unit. As a result this study and its findings are expected to go a long way in filling the existing gap of our knowledge about the major tasks, duties, measures, and conditions of work of the integrated team which could ultimately be taken advantage of by designing and developing appropriate management solutions.

1.4 Objectives of the Research

The prime objective of the research was to identify the actual job content of the UHFPO, UFPO, & MOs in the context of the existing job description, the role relationships (both intra and inter-

organizational), performance inhibitors and facilitators, and the task requirements and expectations in their working environment. Through this study, attempt was also made to identify the knowledge, skill, attitude and other elements that need to be complemented through training efforts. The associated goals were the identification of managerial and environmental issues that impede performance of the task force.

In brief the major objectives of the research can be listed as follows :

1. To identify the actual job content of the team in the context of existing job descriptions and the role relationship in terms of recent decision for integration.
2. To identify the role relationship of the UHFPO vis-a-vis UFPO and MOs as well as higher authorities and horizontal levels in other sectors.
3. To assess the training needs of the team by identifying the gap between their job specifications and actual job demand.
4. To determine the area in which training will lead to improvement of performance and the area in which environmental and organizational changes are warranted.
5. To assess the incumbents' backgrounds, personalities and attitudes towards their job.

It is evident from the above objectives that the **research** entailed a **thorough** investigation and analysis of the tasks and duties involved in the various position at the upazila level, the organizations climate, and the background of the incumbents as well as their performance.

1.5 Methodology of the Study

As the research objectives would indicate, this study deals with a number of issues that can be independently treated and integrated later on. As a result the study was broken up into several different components given as follows :

1. Organization Climate Analysis
2. Activity Sampling
3. Job Analysis and Desk Audit
4. Personality and Attitude Tests
5. Personal Information Record, and
6. Task Analysis.

Each of the above components necessitated an individually tailored methodological approach to its study. Primarily, the sample survey approach was used to survey the performance gap and training needs of the respondents. The methodologies adopted for each area of investigation mentioned above are described in the individual chapter, which are treated as self-contained units of study. The study is a team endeavour under the leadership of the project director. The listing of the team members is shown in Annexure-I.

Notes and Reference

1. Hickerson F.T. and Middleton J., Helping People Learn: A. Module for Training, Honolulu, East West Communication Institute, 1976, Module Text pp 5-6.

2. Organization Climate Analysis

2.1 Background

Organization climate basically refers to a set of properties of the work environment which are perceived in a particular way by the employees working in this environment and is assumed to be a major force in influencing their behavior on the job. It is a force that employees react to on the job and help define the character of an organization. Organization climate is an important concept for the manager to understand, because it is through the creation of an effective organization climate that the manager can manage the motivation of the personnel. An organization's effectiveness can be increased by creating an organization climate that satisfies employee needs and at the same time channels their motivated behaviour toward explicit organization goals.

Although motive as a concept is a relatively constant network of an individual's thoughts about power, achievement or affiliation, and although a person's motive pattern stays pretty much the same under relaxed, non-stimulated conditions, it is possible to arouse a specific motive through cues provided by the organization climate.

One of the most commonly accepted and important insights of behavioral scientists is that behavior is a function of the person and his environment.¹ In other words, this means that behavior, achievement, affiliation, or power is a function of the person's motivational concerns and of his perception of where he finds himself, i.e. his perception of the organization climate in which he serves. Thus, the tendency to act in achievement oriented ways, for example, does not necessarily mean that the individual has high achievement motivation. By creating an achieving climate, a manager can stimulate achievement oriented behavior from people with low achievement motivation. This contention was tested by

specifying organisational climate with seven characterising variables. The seven dimensions of organizational climate were defined and tested by George A. Litwin and Robert Stringer in a laboratory situation in which they set up three companies that would be engaged in similar production and development work over a two week period.² The result of the laboratory experiment validated the seven key variables, reflecting organizational dimensions, and its overall climate.

The seven dimensions on which organizational climate analysis was conducted in that study are the following :

(1) Conformity : This dimension of the organization is supposed to reflect the degree of rules and regulations, policies and procedures, and the practice of conforming to those listed above. Certain organizations may demand a high degree of conformity (e.g. the army) and certain other organization may demand less conformity (e.g. academic organizations). Depending on the extent of this dimension, personality type of an individual may face congenial or stiffling climate in the organization. Or in other words, an independent minded person may not like rigid conformity, whereas this may not bother a person who is a yielder (or who yields easily to group or organizational pressure).

(2) Responsibility : This dimension of the organization may be defined as the degree to which members feel that they can make decisions and solve problems without checking with supervisors each step of the way. In fact much of the management literature deals with this aspect of organizational dimension. Assuming responsibility may be coveted by some members of the organization while others may shun away from it. The catch in allowing more or less responsibility to members in an organization may be functional or dysfunctional depending on the personality types of the members and the task structure of the organization.

(3) Standards : Performance in an organization may vary due to lack of well defined standards. Actually 'standard' may be defined as the emphasis a particular organization usually places on quality of performance and outstanding production of service. High challenging standards set-forth by an organization may create more motivational environment than complete absence of such standards.

(4) Rewards : This aspect of the organization has the power to motivate or demotivate members of the organization in terms of its use and abuse. Feedback on performance is generally sought by members, which facilitates learning. Organizations, by judicious use of this reward power, can increase the extent of motivation of its individual member who, when rewarded, takes it as a recognition of his good performance. However indiscriminate use of rewards may loosen the effort-reward relationship among the members of the organization and frequent use of negative feedback may fail to motivate individuals.

(5) Organizational Clarity : This particular dimension is singularly important because of the goals and objectives of the organization are not clearly focused, communicated, and clarified to the members, things may go wrong in the organization. Clarity of the goals and objectives, rules and regulations help create an orderly and stimulating environment and reduce disorder and confusion in the organization.

(6) Warmth and Support : Good human relations practiced in an organization can help foster friendly relationship among the members of the organization. Warmth and support is sought and received by the members in general and mutual trust solidifies this. In view of the presence of this feeling of trust, warmth and support a good work environment is created raising the team spirit of the organization members as well as their work morale.

(7) Leadership ; Leadership is contingent upon the extent of compliance on the part of the followers. The most important factors allowing the leader to act as a leader in an organization are his expertise on the job and his ability to get along with people. In an organization when members can assume leadership as and when needed, and when rewarded for successfully performing that role this can result in a better working atmosphere. Rather than sitting back, resistant and always expecting to be led, members may find it more stimulating to pursue one's commitment to the job.

2.2 Methodology

The seven dimension have also been adopted in our study design. In the study, a ten point scale for each of the above seven dimensions (from the lowest to highest degree) was used. Each respondent was asked to identify his perception of the organization he serves by specifying the degree of a particular dimension. This was undertaken for all the seven dimensions based on the 10 point scale. The UHFPO was also asked to indicate the degree to which he felt his organization should ideally be (i.e. his perception of the ideal organizational climate).

This allowed a measure of the difference if any, between his assessment of the organization climate he presently works in and his perception of some organization in an ideal setting. The larger the gap, the bigger the possibility of the existence of an individual member's frustration with the organization. The gap may be wide in a particular dimension, narrow in another, while it may not exist at all in another.

On the one hand, difference of the expected and actual degree in one organizational dimension was expected to render insight into that dimension. Moreover complete judgement on the entire organization's work environment and climate would be possible by assimilating the scores in all the seven organizational dimensions listed above.

The conceptual approach which has been described earlier was applied in the study and analysed on the basis of the degree to which each of the seven dimensions are perceived by the members of the said organizations. Scores obtained on each of the dimensions specified by the respondents were summed and averaged in order to arrive at an overall position of the UHFPO's perception about their organization.

As a frequently tested and validated instrument, the organizational climate analysis questionnaire was useful in obtaining the perceptions of the UHFPO, UFPO, and the MOs., relating of upazilla based health and population control programme and the organization as a whole. Given the way they perceive the organization they serve and the gap that exists between the ideal organization and the one they belong to, so far as each of the seven dimensions is concerned, much of the covert aspects of the organization's inner schemes were surfaced during the analysis.

For the smooth data collection a questionnaire was administered to each of predetermined three positions at the 32 sample upazilla health complexes.

2.3 Results

Organizational climate can be functional or dysfunctional, motivating or stifling, depending on the seven criteria discussed earlier. One would expect an ideal organizational climate to be one in which the members do not perceive any discrepancy between their estimate of the ideal and the actual state based on the seven criteria. In other words, in the ratings obtained from the members, the actual scale value obtained for each criterion would be expected to match exactly their estimate of the ideal scale values indicated about their organization. (For example, if the indicated average scale value on ideal conformity is 9 then the

average scale value on actual conformity should also be 7. If this is found to occur for all the seven criteria, we would have a case of the most ideal organizational climate, corresponding to individual motivation). Table - 2.1 below shows the ratings obtained on the basis of the seven criteria on ideal and actual states as perceived by the sample officials of MOHPC in 32 upazillas.

<u>Organization climate criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.06	5.85	3.21
Responsibility	9.15	6.24	2.91
Standards	8.91	4.60	4.31
Rewards	8.19	2.91	5.28
Organizational Clarity	9.08	5.15	3.93
Warmth and Support	9.17	6.05	3.12
Leadership	8.77	5.15	3.62

Table : 2.1 - Organization Climate Criteria : Difference Between Ideal and Actual in Bangladesh.

Given the initial assessment of the organization, the survey result clearly shows that a gap exists between the expected and actual perceptions of the officials based on the seven criteria. The most glaring discrepancy exists for the reward criterion. As perceived by the organization - members, there is a 5.28 point difference in absolute terms between the ideal (i.e. desirable) level of reward and its actual case in the organization. The next large discrepancy between ideal and actual exists in 'standards' which reflects a 4.31 point gap. This would imply that MOHPC rules and regulations are not standardized for all the various activities that it engages in. Had all such activities been structured and standardized in practice, the gap between the ideal and actual score would have been much less. Hierarchically, in terms of the perceived vs. actual scores, standards is followed by organizational clarity.

This would seem to be a logical consequence of inadequacy of standards existing in the organization. Leadership which is next in the hierarchy, would seem to be perceived as incapable of providing the right direction and perspective. This is reflected by a gap of 3.62 points on a comparative basis. The organization is perceived to be lacking in conformity and warmth and support criteria, with a discrepancy of 3.21 and 3.12 respectively. Relatively speaking, minimum discrepancy was perceived on the responsibility (2.91) criteria, even though approximately a 3 point difference exists between ideal and actual in a 10 point scale. Responsibility-wise government organizations are generally very relaxed as compared to other criteria. This may be the reason for the relatively low discrepancy observed in the study. As a whole it appears that MOHPC seem to have failed to provide an ideal organisational climate to its members.

The regional differences in organization climate variables is reflected in Table 2.2 which indicates the perceptions of MOHPC personnel serving in health complexes in the four administrative regions of the country. The detailed data on individual criterion scores of the same have been provided in Table 2.3 at Annexure-II. Their actual assessment of the organization climate based on the seven criteria as compared with the ideal situation provides a logical starting point to look for inherent organizational strengths and weaknesses before embarking on an ambitious training programme. Any regional variations in assessment may be caused by the differences in practices in different regions and/or differences among the respondents and their motivation pattern. Health complexes in different regions being part of a unified system under one Ministry are run by ^{the} same rules and regulations and administrative orders. As such there is little scope for any difference in the policy matters and work procedure because of regional differences.

Division	Conformity	Responsibility	Standards	Rewards	Organizational clarity	Warmth and support	Leadership
Dhaka	3.77	2.85	4.60	5.76	4.71	2.82	4.67
Khulna	3.11	3.42	4.57	5.05	4.21	4.07	4.11
Chittagong	3.41	2.82	4.19	5.42	3.71	3.06	2.75
Rajshahi	2.54	2.54	3.92	4.89	3.08	2.54	2.95
Bangladesh	3.21	2.91	4.31	5.28	3.93	3.12	3.62

Table : 2.2 - Regional Differences in Actual Vs. Ideal Organizational Climate Criteria in Bangladesh (differences only)

The difference column indicates the regional dispersion matrix on the seven criteria. It shows 3.77 point discrepancy between ideal and actual position in Dhaka division on the conformity criterion, as against 3.32 point difference on the same at the national level. Minimum discrepancy exists in Rajshahi division (2.54). On responsibility, MOHPC officials from Khulna division reported maximum discrepancy(3.42) and minimum discrepancy was reported by officials of Rajshahi division(2.54). Khulna division officials also reported maximum discrepancy(4.57) for standards, while officials of Rajshahi division reported the minimum discrepancy (3.92) in the same criterion.

The data would seem to indicate that reward is a rare phenomenon in this organization. The grand sample mean shows a 5.28 point dispersion which is the highest among all the criteria. Officials of Dhaka division indicated a 5.76 point dispersion on this account implying that use of reward as a motivating tool is hardly practised or effective in this organization. Officials of Rajshahi division mentioned 4.89 point discrepancy which is the minimum dispersion in this particular criterion variable. On organization clarity again, maximum anomaly was reported by officials of Dhaka division

(4.71) and minimum discrepancy was reported by MOHPC personnel serving in the health complexes of Rajshahi division(3.08).

Officials of Khulna region reported a wide discrepancy(4.07) between ideal and actual level of warmth and support in the organization, while officials of Rajshahi division estimated a minimum of 2.54 point level. Maximum discrepancy between ideal and actual extent of leadership criteria was reported by MOHPC personnel of Dhaka division, while officials of Chittagong region reported minimum discrepancy (2.75) on this issue.

The data on organization climate analysis (Tables 2.4 through 2.28) have been further disaggregated for indicating the position-wise assessment of organization climate by the job incumbents. Table 2.4 shows overall assessment of organizational climate by the UHFPOs and the discrepancy between ideal and actual according to their viewpoint. The data in the table indicates maximum discrepancy in the reward criterion and the minimum in responsibility criterion. Responses of the UHFPOs have been further disaggregated upto division level & these have been presented in Tables 2.5 - 2.8 in the Annexure-II. These indicate considerable perceptual difference of UHFPOs of different regions on different organizational criterion. With similar working conditions these may be largely accounted for by personality differences.

Organization Climate Criteria	Ideal	Actual	Difference
Conformity	9.12	6.32	2.80
Responsibility	9.32	6.88	2.44
Standards	9.04	5.48	3.56
Rewards	8.28	3.04	5.24
Organizational Clarity	9.20	5.96	3.24
Warmth and Support	9.20	6.52	2.68
Leadership	9.52	6.28	3.24

Table : 2.4 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UHFPO's in Bangladesh.

Assessments of organizational climate criteria by the UFPO's are shown in Table -2.9. Maximum discrepancy according to UFPOs also exist in the reward criterion (5.68) and the minimum (2.82) in responsibility and conformity. Tables 2.10 through 2.13 in Annexure -II show the assessment of the organizational climate criteria by the UFPOs of the four administrative regions of the country. UFPO perceptions on different organizational criteria vary between the regions.

Organization Climate Criteria	Ideal	Actual	Difference
Conformity	9.23	6.41	2.82
Responsibility	9.18	6.36	2.82
Standards	8.86	4.68	4.18
Rewards	8.23	2.55	5.68
Organizational Clarity	9.23	5.14	4.09
Warmth and Support	9.14	6.18	2.96
Leadership	9.05	4.77	4.28

Table : 2.9 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UFPOs in Bangladesh.

Views of the Resident Medical Officers (RMOs) as reflected in Table 2.14 also show significant variation between ideal and actual score of organization climate criteria. Unusually high discrepancy has been observed in reward criteria (7.00) and the discrepancy on responsibility as usual is low (2.85). Tables 2.15 through 2.18 in Annexure -II show identical assessment of RMOs of Dhaka, Khulna, Chittagong and Rajshahi divisions respectively on organizational climate criteria variables. Regional variations in organizational climate criteria variables are also observable at the level of RMOs -

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.00	5.00	4.00
Responsibility	9.14	6.29	2.85
Standards	8.86	4.14	4.72
Rewards	8.86	1.86	7.00
Organizational Clarity	9.00	5.71	3.29
Warmth and Support	8.71	5.00	3.71
Leadership	8.29	4.14	4.15

Table : 2.14-- Difference between Ideal and Actual Organization Climate Criteria as Indicated by RMOs in Bangladesh. MOs including MO(MCH-FP) also perceive wide discrepancy between ideal and actual organization climate (Tables 2.19 and 2.20). The reward criterion observed has maximum dispersion from the ideal situation, whereas responsibility, as in other cases, is seen to have the lowest gap. The perceptions of the MOs of different divisions are presented in a disaggregated forms in Tables 2.21 - 2.28 in Annexure -II.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.16	5.84	3.32
Responsibility	9.26	5.63	3.63
Standards	9.00	4.53	4.47
Rewards	7.89	2.37	5.52
Organizational Clarity	9.11	4.84	4.27
Warmth and Support	9.16	6.00	3.16
Leadership	8.58	5.00	3.58

Table : 2.19 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by MOs(MCH) in Bangladesh.

Organizational Climate Variable	Ideal	Actual	Difference
Conformity	8.89	5.63	3.26
Responsibility	9.19	6.12	3.07
Standards	8.87	4.49	4.38
Rewards	8.02	2.81	5.21
Organizational Clarity	9.01	5.00	4.01
Warmth and Support	9.16	6.05	3.11
Leadership	8.54	4.62	3.92

Table : 2.20 - Difference between Ideal and Actual Organization Climate Criteria as Indicates by MOs in Bangladesh.

2.4 Implications for Training

It has been already mentioned before that organizational climate is assumed to be a major force in influencing behavior of the employees on the job. Given the fact that upazilla level organization of Ministry of Health and Population Control, as emanating from the study, reflects basic weaknesses in all the seven criteria examined, presupposes certain action programme in the training front. In other words, the results of organizational climate analysis signal about the following implications in developing a training program for the upazilla officials :

Since the climate analysis included a generalized version of the perception of all the functionaries of ^{the} Ministry of Health and Population Control at the Upazilla level which includes UHPPO, UFPOs, RMOs, and MOs, as well as ^{the} position wise segmented perception of each of them, the implications are applicable in general to all groups as well as to particular groups of functionaries.)

- (1) Perceived ^{the} absence of conformity by the officials may arise due to ^{the} factors, i.e. (a) lack of conformity in actual situa. and or (b) lack of perceived conformity from the

point of view of individuals. In both the cases ^{the} role of training is of singular importance. Non conformity to actual rules and regulations may take place due to ignorance or indulgence at the functionary level and both can be imbibed by providing training through improving job knowledge or developing positive work attitude.

Such training can also be designed to clarify the perceptual non-conformity of individual functionaries.

- (ii) Preferred level of responsibility and actual delegation of the same has come out to be negative as well. This substantiates the apprehension of lack of proper delegation of authority and responsibility in the organisation. This can be sorted out by providing more authority & responsibility in redesigning the organisational set up and training up the functionaries at all level to encourage delegation. Much of the resistance comes from unfounded fear of the bosses to delegate authority and responsibility to sub-ordinates which can be removed by organizing special training programme on how to delegate authority and responsibility.
- (iii) ^{The} absence of standard practices as found by the study also reinforces the need to train up employees on standard practices, be it in work allocation, information processing or service delivery or clinical supervision. A carefully designed training programme can go a long way in standardizing the routine practices of the organization and bring about a coherence in work procedures.
- (iv) Providing rewards to the employees for good work is found to be weakest spot of the organization, which has to do with overall government policy and practice. Training can hardly take care of this issue excepting in the case of providing

non-financial rewards. A smile, pat on the back and recognition of a good job done by a sub-ordinate can be very much rewarding. This aspect of human motivation can be part of a training programme, calling the incumbent programme managers to frequently use these non-financial rewards to improve the working climate in the organization.

- the
- (v) Lack of knowledge of/organizational goal is a serious obstacle in attaining high performance by the employees. The study shows that the upazilla level MOHPC official do not have clear understanding of the goals of the organization. A carefully designed training programme educating the employees of organizational goals and objectives and implications of the programs performance to the community and nation at large, will make the job. of the individual more meaningful and relevant to the society as large.
- (vi) Lack of warmth and support in the work situation is another stumbling block in creating motivating working atmosphere. This can also be tackled to a great extent by providing sensitivity training and/^{making}specific attempt to harness team spirit and team work.

Finally standersized training on effective leadership practices can be of much help in replanning the present weakness of leadership role as perceived by the Upazilla level MOHPC officials. The study on organizational climate analysis has forcefully and successively stipulated the implications of training also gone further in identifying the areas in which the incumbents are to be trained to bring about a productive organizational climate.

References :

1. Lewin K., Field Theory in Social Science ~~Harper~~ and Brothers, New York, 1951.
2. Litwin G.H., and Stringer R., The Influence of Organisational Climate on Human Motivations, Graduate School, Business Administration, Harvard University, May, 1966.

3. Activity Sampling

3.1 Background

Activity sampling is known by a variety of names including 'work sampling', 'ratio-delay', and 'random observation study'. It is a statistical technique for estimating the occurrence of one or more types of activities. It is based on the statistical inference that the characteristics of the total can be estimated by observing the characteristics of a sample taken from the total. For example, if we assume that the percentage of time that a UHFPO spends on administrative activities compared to professional activities (viz. seeing a patient et) has to be determined, there are two methods that may be used for this determination. The first method involves making a continuous time study, indicating the time the UHFPO was engaged in administrative activities and professional activities. The second method would be to make a number of random instantaneous observations, recording whether the UHFPO was engaged in administrative activities or in professional activities. These random observations would constitute the samples. The calculated percentage of the administrative or professional time from the random samples is used as the estimate of the true situation.

This technique can also be used to determine the percentage of time devoted to more than two activities. In the above example, other factors that could have been estimated besides the administrative and professional time might have been 'taking tea', 'reading newspaper' and 'engaging in social conversation'.

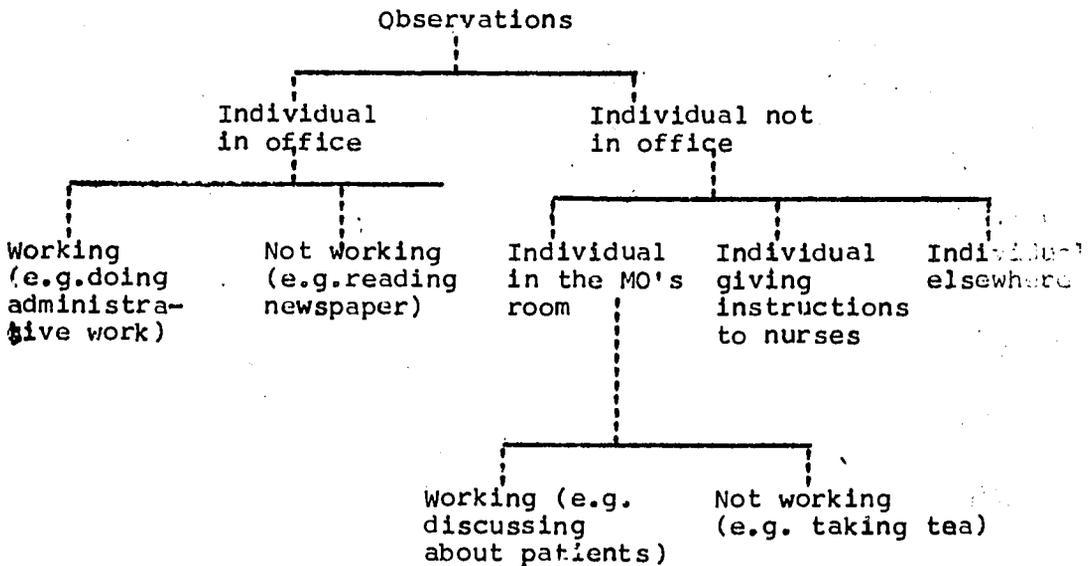
3.2 Methodology

There are three stages in conducting such a study. These include (a) preparation, (b) observation, and (c) evaluation :

(a) Preparation : The first task in this stage is to define the complete working cycle of the job. The complete working cycle is the period of time in which all or almost all of the activities involved in the job will occur. Typically, this will be a period of days or weeks rather than minutes and hours. For MOHPC personnel at the Upazilla level, two weeks were considered as the complete working cycle during which most of the activities of the jobs that were reviewed are accomplished.

The next preparatory act was to classify the activities of the subject. The first classification or division is usually between 'working' and 'not working'. This classification may be divided again into the different kinds of work upto the desired level of sophistication and the causes of idle time.

This can be shown in the following activity tree :



Thus, a planned tree of this kind formed the basis for the random observations. Job descriptions of the target groups form the basis for preparing the 'tree'. All these activities were coded for ease of recording and confidentiality.

For the present study several sub-classifications were made in order to obtain a deeper understanding of the activity mix in each job as outlined below :

Activity Codes

A1	:	Administrative work(in office)
A2 ₁	:	Professional work(in office) - present
A2 ₂	:	Professional work - Discussion
A2 ₃	:	Professional work - Examination
A2 ₄	:	Professional work - Operation
A2 ₆	:	Professional work - Activities not known
A2 ₆	:	Professional work (not in office)
C1 ₇	:	Administrative work (not in office)
C1 ₂	:	Professional work (not in office) - Present
C2 ₂	:	Professional work - Discussion
C2 ₃	:	Professional work - Examination
C2 ₄	:	Professional work - Gone to call
C2 ₅	:	Professional work - Others
B	:	Not working (in office)
D	:	Not working (not in office)

The total number of observations made each day were spread over the working hours on the basis of time drawn from a random number table. Special care was taken to make the observations representative of the whole day's workload.

(b) Observations : The number of observations required for each individual is determined with the help of the following standard equation derived from statistical sampling theory :

$$N = \frac{4p(100-p)}{A^2}$$

Where A = Permissible variation (error) limit as a percentage of total time.

P = Percentage of total time spent on the most important activity(in this case, productive activity)

N = Number of observations required.

The value of 'A' depends on the objective of the study. However, in practice it has been found that a 95% guarantee of the accuracy limit (i.e. A = 5) is acceptable for most purposes. In this study an error level of 5% was considered.

The value of 'P' was assumed based on the results of one week's preliminary observation with the expectation that the value of 'P' would vary between 50-75. Thus, the required number of observations varied within a range accounted by those who were absent or on leave during part of the observation period.

(c) Evaluation : The number of times each activity is observed was totalled and expressed as a percentage of the total number of observations. Since this percentage would vary for each activity, the accuracy of measurement for each activity would be different. The calculations were made by using the following standard formula:

$$A = \sqrt{\frac{4p(100-p)}{N}}$$

The range of each activity was then worked out. The following example is offered for clarity.

Assume that the final results of an activity sampling study at 95% confidence level and $\pm 5\%$ accuracy level showed the following:

Total Administrative activities observations	350
Total professional activity observations	<u>150</u>
Total observations	<u>500</u>

Then the percentage of professional activity time is :

$$P = 150 \div 500 = 0.30$$

Substituting $P=0.30$ and $N = 500$ into the equation

$$AP = \pm 2 \frac{P(1-P)}{N}$$

$$A(0.30) = 2 \frac{0.30(1-0.30)}{500}$$

$$A = \pm 0.041 \text{ to } \pm 4.10\%$$

Since the relative accuracy of $\pm 4.10\%$ is below the required $\pm 5\%$ accuracy, the number of observations used for the study was sufficient. In this problem, it can be stated that the percentage of professional time determined represented the facts with 95% confidence. The relative accuracy of $\pm 4.1\%$ means that the results were correct within the 4.1% of 30% ($\pm 4.1\% \times 30\% = \pm 1.23\%$) or the true value was between 28.77% and 31.23%.

If the calculation of the relative accuracy has been greater than the required $\pm 5\%$ accuracy, this would have indicated that not enough observations were made, and additional sampling would be needed. In this situation, a second calculation of the number of observations required would be made using an estimated percentage of 30% professional time.

3.3 Results

A four-fold classification of the outcome of observations on incumbents in the specified positions i.e. UHFPO, UFPO, MO (MCH-FP) and other MOs, have been summarised in Table-3.1

Divisions	Direct productive	Indirectly productive	Idle time	Not office	Total
Dhaka	46.4	8.9	2.8	41.9	100 (N=17044)
Chittagong	37.6	9.9	13.6	38.9	100 (N=15495)
Rajshahi	31.1	13.0	5.1	50.8	100 (N=19686)
Khulna	33.0	15.3	5.8	42.9	100 (N=18507)
Bangladesh	37.5	11.9	6.6	44.0	100
N=	26513	8435	4676	31122	732

Table: 3.1 - Activity Record of MOHPC officials by Division(%).

The summary results of workload assessment for all the sample upazillas, demonstrates a 37.5% utilization of time in direct productive pursuits by the officials and 11.9% in indirectly productive activities. Although it is seen that 6.6% of the time is wasted by the officials, it is below the usual 10% allowance given to office employees for attending to personal matters and rest.

However, absence from the desk, which accounts for 44% of the office time raises a critical question with regard to overall time utilization of the employees. Apparently this may be interpreted as a serious departure from the usual office norm and under-utilization of officials' time in the organization. However, absence from the office may not necessarily imply that they are in the 'not working' mode. Specially when the incumbent is visiting patients or supervising field staff, this could be a plausible explanation for the high percentage of observations indicating absence from office of the concerned officials.

Activity sampling techniques can hardly distinguish between such temporary absence from office for productive pursuit and absence for purely personal reasons. When controlled for regions, an inter-regional variation in overall utilization rate is observed under the four broad categories mentioned above. In respect of percentage of time the officials were observed to be engaged in direct productive works(denoted by A), Dhaka division officials were observed to spend about 46.4% time as compared to that of 31.1% by the officials of Rajshahi division. For indirect productive activities coded as C, 15.3% of the time is used by the Khulna division officials according to the study and 8.9% of time by the officials of Dhaka division.

Officials of Chittagong region are observed in the 'not working' mode 13.6% of the time compared to 2.8% for the officials of Dhaka division, 5.1% for Rajshahi division, and 5.8% for Khulna division. In respect of percentage of time the officials were not available in the office, Rajshahi division ranks the highest with 50.8% followed by 42.9% in Khulna division, and 41.9% in Dhaka division. The lowest percentage in this respect is accredited to officials of Chittagong division, who were observed 'not available' in the office 38.9% of time.

Comparative bases on workloads by position appears in Tables 3.2 to 3.6 which clearly demonstrates office time utilization of the MOHPC personnel surveyed in this study(e.g. UHFPO, UFPO, RMOs MO (MCH-FP) and MOs in general). Table 3.2 shows assessment of the workload of the UHFPOs by region. According to this table it appears that UHFPOs on average(all over Bangladesh) were observed to be engaged in direct productive work for 46.4% of time.

Divisions	Direct productive	Indirectly productive	Idle time	Not in office	Total
Dhaka	56.4	12.6	3.3	27.7	100.0 N=2832
Chittagong	53.2	18.5	7.9	20.4	100.0 N=2859
Rajshahi	34.8	20.9	4.1	40.2	100.0 N=3341
Khulna	43.9	13.8	6.0	36.3	100.0 N=3349
Bangladesh	46.4	16.6	5.3	31.7	100.0
N =	5739	2047	654	3921	12361

Table : 3.2 - Activity Record of UHFPO by Division (%).

However, on a regional basis, UHFPOs of Dhaka division were engaged 56.4% of time in directly productive work as compared to only 34.8% of the Rajshahi division. Indirect productive work takes up about 16.6% of the time when assessed for all the administrative regions. However, on a regional basis, it is 20.9% in Rajshahi division and 12.6% in Dhaka division. Percentage of time not working appears to be rather low for this category of officials. It is only 5.3% on an average throughout Bangladesh. For Dhaka division and Chittagong division this is 3.3% and 7.9% respectively.

UHFPOs were not in the office 31.7% of the time in terms of the national average. While controlled for region it is highest (40.2%) in Rajshahi division, and lowest (20.4%) in Chittagong division.

Table 3.3 gives a breakdown of workload of the UHFPOs nationally as well as regionally. About 22.8% of the time UHFPO's were observed to be engaged in direct productive works on an average throughout Bangladesh. On a regional basis this percentage rises to 31.5% for Chittagong division and falls to 19.8% for Dhaka division.

Divisions	Direct productive	Indirectly productive	Idle time	Not in office	Total
Dhaka	19.8	22.8	2.5	54.9	100.0 N=2424
Chittagong	31.5	16.3	7.2	45.0	100.0 N=1630
Rajshahi	22.9	21.6	5.0	50.5	100.0 N=2949
Khulna	20.8	23.3	6.1	49.8	100.0 N=3329
Bangladesh	22.8	21.6	5.1	50.5	100.0
N =	2360	2229	529	5214	10332

Table : 3.3 - Activity Record of UFPO by Division(%).

Indirectly productive work on an average accounts for about 21.6% time for the UFPO's nationally, while regionally this accounts for 23.3% in Khulna which ranks the highest while Chittagong with 16.3% ranks the lowest. Not working while in office accounts for only 5.1% of the time throughout Bangladesh. However, in this category, Dhaka division shows only a meagre 2.5% as compared to 7.2% in Chittagong division. The national average for UFPO's observed 'not to be at office' was 50.5% of the time which seems rather high. In this category Dhaka division recorded the highest (54.9%) absence as compared to 45.0% in Chittagong division. Since the job of the UFPO's include a great deal of field visit and supervision, it is not surprising to observe their unavailability for such a high percentage of time. This justification, however, requires further corroboration.

Table 3.4 provides activity grouping results of the RMOs by division. Overall utilization of time in directly productive work by the RMOs is 37.1%. However, in Dhaka division RMOs were observed to be engaged in productive work for a high percentage (70.4) of time as compared against a low utilization rate of 31.9%

in Khulna division. Indirect productive work in which the RMOs engage, accounts for 18.2% of the time, the lowest being observed in Dhaka division while in Rajshahi division it is the highest (22.7%).

Divisions	Direct productive	Indirectly productive	Idle time	Not in office	Total
Dhaka	70.4	0	6.1	23.5	100.0 N=408
Chittagong	32.1	13.1	-	54.8	100.0 N=420
Rajshahi	34.6	22.7	0.5	42.2	100.0 N=1206
Khulna	31.9	20.8	5.8	41.5	100.0 N=1647
Bangladesh	37.1	18.2	3.5	41.2	100.0
N =	1365	671	127	1518	3681

Table : 3.4 - Activity Record of RMO by Division(%).

Not working while at office constitutes a small fraction of (3.5%) the observed activities (0% in Chittagong division to 6.1% in Dhaka division.) Like all other positions, the RMOs were also not available at the office for a large chunk of time. For the present study this is 41.2% all over Bangladesh. However, while compared regionally it ranges from a low of 23.5% in Dhaka division to a high of 54.8% in Chittagong Division.

Assessment of the workload of the MO's (MCH, FP) appears in Table 3.5 with a regional breakdown. This category of MOHPC personnel engage about 38.0% time in directly productive work. When compared regionally the highest percentage is accounted for by Dhaka division (47.3%) and lowest by Rajshahi division (26.1%). For about 8.7% of the time, the MOs were observed to be engaged in indirectly productive work. In Dhaka division a minimum of 5% is observed as against a maximum of 12.8% in Rajshahi division. Not working while in office accounted for only

7.1% of time on an average. Dhaka division had a remarkably low figure of 1.8% as compared to 14.4 of Chittagong division. Not in office was accounted for by 46.2% of the time on an average while regionally 53.6% was observed in Rajshahi division and 37.9% in Khulna division.

Divisions	Direct productive	Indirectly productive	Idle Time	Not in Office	Total
Dhaka	47.3	5.0	1.8	45.9	100.0 N=2436
Chittagong	34.0	6.5	14.4	45.1	100.0 N=2018
Rajshahi	26.1	12.8	7.5	53.6	100.0 N=2154
Khulna	44.9	11.8	5.4	37.9	100.0 N=1585
Bangladesh	38.0	8.7	7.1	46.2	100.0
N=	3114	716	582	3781	8193

Table : 3.5 - Activity Record of MO/(MCH-FP) by Division %

Medical officers (MOs) constitute a sizeable portion of upazilla level officials of the Ministry of Health and Population Control. Table 3.6 shows the findings of the activity sampling of the MOs by division. Medical Officers were found to be engaged in directly productive work for 38.5% time and in indirectly productive works for 7.7% of the time, when the assessment is combined for all the administrative regions.

Divisions	Direct productive	Indirectly productive	Idle time	Not in office	Total
Dhaka	49.1	5.4	2.9	42.6	100.0 N=8944
Chittagong	34.7	6.5	17.2	41.6	100.0 N=8568
Rajshahi	32.9	6.7	5.5	54.9	100.0 N=10036
Khulna	38.0	12.3	5.7	44.0	100.0 N=8617
Bangladesh	38.5	7.7	7.7	46.1	100.0
N=	13941	2772	2784	16668	36165

Table : 3.6 - Activity Record of MO by Division (%).

About 7.7% of the time MOs were observed to be not working while in office. However MOs were not available in the office for 46.1% of time. Viewed from a regional basis, Dhaka division highest utilization of time (49.1%) by the MOs in direct productive works.

The minimum is observed in Rajshahi division (32.9%).

Khulna Division accounts for the highest percentage (12.3%) in indirectly productive work and Dhaka division (5.4%) accounts for the lowest. Wasting of time by the MOs was least observed (2.9%) in Dhaka division and most (17.2%) in Chittagong division. MOs in Rajshahi division seem to be out of office more than other (54.9%) while the minimum (41.6%) is credited to Chittagong division.

3.4 Implications for Training

Results of the activity sampling has **shown that** utilization of time is far from satisfactory at the Upazilla level organization of Ministry of Health and Population Control. This is true for all the different positions included in the sample

observation. This has serious implications for organizational effectiveness and programme efficiency. Non and underutilization of manpower, specially when viewed in a cumulative way, warrants immediate intervention at the policy level ^{the} on/one hand and at the operational level on the other.

The policy implications could definitely touch the organizational framework, ^{through} motivating, incentive, training etc. The operational level corrective measures would call for improving efficiency at the bottom level by providing adequate guidance and counselling.

How to utilize time in more productive way, managing time of oneself and one's subordinates can be rehearsed with specific training package to improve the situation. Enforcing timeliness and punctuality, increasing supervisory skill, and enforcing strict discipline can all be learned in a carefully designed training programme. Besides, such programme, notwithstanding its immediate desired objectives, would automatically improve the morale of the incumbents at the operational level.

Developing the skill of the incumbents in the work ~~th~~rough training can invigorate his or her interest on the job leading to higher utilization of his or her time on the job.

Assessing the performance of the subordinates specially the field force can be improved, provided the insight developed by activity sampling is carried out further by the incumbents themselves.

4. Job Analysis and Desk Audit

4.1 Background and Methodology

This aspect of the study calls for collection of information on the jobs of the sample positions in an exhaustive manner. To fulfill this need, job information was collected by three methods at three successive stages. At the first stage, a document search was made to obtain an understanding of the nature of the job from the official job descriptions prescribed by the authorities. The questionnaire method was then used to collect information on the job as perceived by the incumbent. A sample of this questionnaire is provided in Annexure-II.

Finally the desk audit method was used to collect information on the job actually performed by the incumbent. This involved a scrutiny of files disposed, documents and papers generated, observation of the activities while these were being performed, and conversations that the respondent engaged in with official and non-official people. The desk audit aimed at recording job information on the basis of on-the spot verification or record scrutiny. A check list was provided to the investigator to guide him in the desk audit. A sample checklist is provided in Appendix-III. The desk audit was conducted on the records of one complete month preceding the investigation. All these three methods are self-contained and data generated from these were cross tabulated to observe the variation among the prescribed, perceived, and performed job.

4.2 Results

A. Job Analysis of the Upazilla Health & F.P. Officer(UHFPO)

Duties : Information on the duties of the UHFPOs were collected and analysed to determine the specific actions they are involved in to fulfil their job requirements. The duties were classified into daily, semi-weekly, weekly, fortnightly, monthly, half-yearly, annual and occasional. The purpose of job analysis was to identify the nature of skill required of the respondents in performing the duties.

Out of 32 sample upazilas, 25 UHFPOs could be interviewed and rest were not available. Data on the daily duties performed by the UHFPO are presented in Table 6.1. Of the 25 respondents, 80% reported checking attendance of the staff as one of the important daily duties. Sixty per cent of the respondents indicated involvement in activities like examining indoor and outdoor patients and writing prescriptions, supervising work of the medical officers, inspecting services and supplies to the indoor patients and looking after neatness and cleanliness of the health complex. Only 20% of the UHFPOs made daily allotment of medicines for indoor and outdoor patients. No mention was made of supervision of family planning activities or staff in the list of daily duties.

Daily Duties	F	%
Checks the attendance register of the staff	20	80
Supervises the neat ^{ness} and cleanliness of the health complex.	15	60
Supervises the activities of the medical officers	15	60
Visits the indoor and out-door wards to inspect services rendered by doctors; and medicines and food supply to the patients :	15	60
Makes allotment of medicine supply for the indoor and out door patients	15	20
Examines the outdoor and indoor patients and prescribes medicines follows up treatment of indoor patients being given by medical officers	15	60

(N = 25)

Table : 4.1 - Distribution of daily duties of the UHFPOs.

Among the semi-weekly duties performed by UHFPOs, checking activities of Family Welfare workers (FWWs) and Family Welfare Visitors (FWVs) in the field was mentioned by 52% of the respondents. Other duties included inspection of Family Welfare Centres (FWCs), subcentres, and general rural dispensaries (28%) followed by drawing and disbursing money (20%). About 12% of the UHFPOs look after outdoor patients on a bi-weekly basis. Approximately, 4% of them reported duties like allotment of medicines supply, attending meeting of supervisory and field staff, following up clients & sample checking in the field and at the health complex.

<u>Semi-weekly duties</u>	<u>f</u>	<u>%</u>
Visits villages to check the activities of FWVs and FWVs	13	52
Inspects FWCs, subcentre and GRD to check activities of the employees of these centres	7	28
Examines, diagnoses and prescribes medicines to the out door patients at UHC	3	12
Draws and disburses money among the payee	5	20
Makes allotment of medicines supply to the indoor, outdoor and emergency departments	1	4
Attends meeting of supervisory and field staff	1	4
Follows up sample clients in their respective houses	1	4
Follows up clients in the health complex	1	4
		(N = 25)

Table : 4.2 - Distribution of Semi-weekly Duties of the UHFPOs

Fifty two per cent of the UHFPOs report weekly performance of the health complex to the Civil Surgeon. Another 44% attended weekly staff meetings at the health complex and 24% visited field centres. Weekly visits to the field was paid only by 12% of the respondents to check activities of the family planning workers.

<u>Weekly duties</u>	<u>f</u>	<u>%</u>
Visits villages to check the activities of the FWVs and FWVs	3	12
Visits different FWCs sub-centre and GRD to inspect activities of the employees and verifies records	6	24
Draws and disburses money among the payee	1	4
Reports performance of the UHC to the civil surgeon	13	52
Attends weekly staff meeting at health complex	11	44
Inspects and supervises the activities of clinical and pathological staff	1	4
		(N = 25)

Table • 4.3 - Distribution of weekly duties of the UHFPO.

Among fortnightly duties, 24% reported performance of the health and family planning activities and 8% performed duties like visiting FWVs and FWVs in the field, visiting field centres, convening and presiding over fortnightly staff meetings and attending meetings at the upazilla parishad. 4% reported duties like allotment of medicines & supply.

<u>Fortnightly Duties</u>	<u>f</u>	<u>%</u>
Visits villages to check the activities of the FWVs/FWVs	2	8
Visits different FWCs, subcentre and GRD to impact activities of the employees and verify records	2	8
Reports performance of the staff to civil surgeon	6	24
Convenes and presides over the fortnightly staff meeting	2	8
Makes allotment of medicines to the different GRD, FWC, H. Sub-centre.	1	4
Attends meeting at upazilla parishad	2	8
		(N=25)

Table : 4.4 - Distribution of Fortnightly Duties of the UHFPOs

In the list of monthly duties, 72% submitted report on performance of the health and family planning activities, 44% checked monthly salary bills and 36% convened and presided over monthly staff meetings. Another 20% attended meetings at upazilla parishad and 12% indicated approving indents for medicines and supplies, drawing and disbursing money, and attending monthly meeting at the civil surgeons office. Some 4% reported duties like performing sterilization operations, and checking as well as approving the advance tour programme of field staff.

<u>Monthly Duties</u>	<u>f</u>	<u>%</u>
Checks and approves the monthly salary bill of the staff	11	44
Approves indents prepared by store keeper and sends it to the civil surgeon's office	3	12
Reports performance of the staff to the civil surgeon	18	72
Convenes and presides over the monthly staff meeting in the UHQ	9	36
Signs cheques and sends it for drawing money from bank and disburses these among the payee	3	12
Performs sterilization operation	1	4
Attends meeting at upazilla parishad	5	20
Checks and approves the advance tour programme of Field Staff	1	4
		(N = 25)

Table : 4.5 - Distribution of monthly duties of the UHFPOs.

The half yearly duties list was limited to only 3 activities and only 16% respondents indicated having performed these. These included filing stock reports and expenditure statements as well as motivational meeting with doctors and others for target achievement.

Among the annual duties, preparation of Annual Confidential Report (ACR) was reported by 76% of the respondents and reporting on the annual performance was quoted by 68% UHFPOs. Approval of indent was reported by 12% and supervision of budget preparation was mentioned by 28% of the respondents.

<u>Annual Duties</u>	<u>f</u>	<u>%</u>
Prepares the ACR of medical officers and staff	19	76
Convenes and presides over the annual staff conference	1	4
Reports the annual performance of the staff	17	68
Approves indent prepared by storekeeper and sends it to the civil surgeon office	3	12
Supervises budget preparation	7	28
		(N= 25)

Table : 4.6 - Distribution of Annual Duties of the UHFPOs.

The list of duties performed at irregular intervals included as many as 19 items but 80% indicated that they visited villages to inspect activities of the field staff. About 44% performed sterilization operation at irregular intervals and 20% attended meetings at the upazilla parishad. Still another 20% called explanation from employees who were absent or late.

Duties at Irregular Interval	f	%
Attends the meetings at civil surgeon office	4	16
Examines, diagnoses, and prescribes medicines to the patient	3	12
Performs sterilization operation in the U.H.C., GRD, Health sub-centre, FWCS, special sterilization camp.	11	44
Attends various state functions such as election duty, examination duty etc.	2	8
Takes steps for epidemic disease control	4	16
Supervises special emergency camp and allocates duties among the staff in the camps	2	8
Visits store room to physically verify the medicines and checks storage condition of medicines.	1	4
Attends meetings of upazilla parishad	5	20
Visits field camp during epidemic	1	4
Arranges special programme for IEM	1	4
Attends emergency meeting called by UNO	2	8
Selects site for FWCS with other members of health complex	1	4
Performs minor surgical operations	2	8
Refers serious patients medical college hospitals	1	4
Motivates people for family planning	1	4
Visits villages to checkup the activities of FWVS/H.O.	20	80
Calls explanation for absent and late attendant employee in the complex	5	20
Dresses and washes of injuries of patients	1	4
Supervises the activities of sanitary inspector	2	8

(N = 25)

Table : 4.7 - Distribution of irregular duties of the UHFPOs.

The foregoing analysis shows that there is a wide variation in the frequency of certain duties being performed. For example, while some respondents visits field centres and activities of FWs & FVs twice a weeks, some do it once a week, still some perform it once fortnightly while a small proportion do the same job once a month or occassionally. Same is the case with drawing and disbursing money and quite a few other activities. No one from the sample UHFPOs reported supervising activities of UFPOs.

Authority and Responsibility : An attempt has been made to analyse the authority and responsibility pattern of the upazilla level health and family planning officials. They were asked to provide information on items over which they had full discretionary authority, items over which they had only partial authority, major decisions taken independently, responsibility for money, machines, materials, reports & records, nature of contact and so on. These aspects are presented in the following paragraph.

Authority over personnel matters : On the average, an UHFPO has 3 medical officers including specialists, 3 health and sanitary inspectors, 1 nurse and 1 head assistant under his direct supervision. This number does not seem to meet the approved set-up of the Upazilla Health Organization. One noticeable aspect of the response profile is that the UFPO was not considered as a member of the team under the UHFPO's direct supervision. Respondents were asked to confirm if they had full discretionary authority over employees to assign work, correct and discipline, recommend pay increases notify transfers, promote, answer grievances, and take other actions. Ninety six percent confirmed that they could assign work and 96% could correct and exercise discipline. Majority (76%) of them could recommend pay increases and another 72% could answer grievances. Only 16% indicated having the authority to transfer employees and promote. Data on the discretionary authority of the UHFPO, are presented in Table 4.8.

Full discretionary authority to	f	%
Assign work	24	96
Correct and discipline	24	96
Recommend pay increases	19	76
Transfer	4	16
Promotion	4	16
Answer grievances	18	72
Others	6	24
		(N=25)

Table : 4.8 - Discretionary Authority of the UHFPOs over personnel matters.

16% had only partial authority to transfer and promote employees and 96% had authority to recommend pay increases. Almost all (92%) could assign, instruct, and coordinate work of the subordinates. The foregoing analysis shows that the UHFPOs have adequate authority to supervise subordinates.

Responsibility for Resources, Targets & Reports : As to responsibility for money, 84% of the respondents had drawing and disbursing function, slightly less than 50% of the respondents had responsibility for machine maintenance, 28% had authority to use, 20% for supervision and 8% for indenting of machine. So far as equipment is concerned, 48% had the responsibility for maintenance, 32% for use, 20% for supervision and 16% for indenting.

Thirty six percent had responsibility for looking after materials, 24% had for use and yet 24% had supervision responsibility. So far as responsibility for target achievement is concerned, 60% reported having full responsibility for achieving target and 4% felt they had partial responsibility. Regarding responsibility for reports, 64% were responsible for preparation and forwarding of reports to higher authority, As to the extent of monetary

loss due to inadvertent error, 92% replied that no monetary loss would occur and 8% could not estimate the monetary loss that may take place due to inadvertent error. The foregoing analysis shows that the UHFPOs have a fairly high degree of responsibility for resources, targets and reports.

Communication and Contacts : The major sources of instructions of UHFPOs are written (96%), and only 4% are specifications. They have to maintain contact with quite a few officials outside the health complex but most of them keep contact with the Upazilla Nirbahi Officer(UNO), upazilla engineer, Chairman of union councils, public health engineering incharge and chief inspector of police station. Data on the persons contacted by UHFPOs are shown in Table 4.9. In all, 80% UHFPOs kept contact with UNO mainly for coordination and 32% with Chairman to apprise him on health and family planning programme performance and problems. Forty-four percent of UHFPOs maintained contact with the upazilla engineer for problem solving on water, electricity supply and residential accommodation.

<u>Persons Contacted</u>	<u>f</u>	<u>%</u>
UNO	20	80
C.I.	6	24
Upazilla engineer	11	44
Agriculture officer	3	12
Accounts Officer	2	8
Public Health Engineer	7	28
Livestock Officer	3	12
Education Officer	1	4
PW Engineer	4	16
Chairman	8	32
		(N= 25)

Table : 4.9 - Distribution of Persons Contacted by UHFPOs.

Authority and Reports : UHFPOs were asked to point out what decisions they could take without consulting their superiors and the responses were as follows : taking disciplinary action (32%), supervising subordinates (20%), organizing sterilization camps (32%), taking epidemic control measures (12%), transfer of lower division assistants (8%), distribution of furniture (8%) and so on. The distribution of responses on such decisions taken are furnished in Table 4.10.

Decisions taken without consulting a superior	f	%
Arrangements of special sterilization camps	8	32
Epidemic control	3	12
Disciplinary action	8	32
Sub-ordinate supervision	5	20
Distribution of furniture	2	8
Transfer of LDA & others	2	8
Distribution of accomodation among the staff	3	12
No response	3	12
		(N=25)

Table : 4.10 - Distribution of decisions taken by UHFPOs without consulting a superior.

The UHFPOs were requested to name the records and reports that they personally prepare and the frequency of preparation. About 68% prepared ACR once every year and 24% prepared reports on health and family planning activities once every month. Twenty four percent maintained diary of tour programme every month and only 4% kept record of performance of individual employees under his direct supervision from time to time. The most usual sources of data for these records and reports are field reports and office records. Distribution of records and reports prepared by the UH & FPOs can be seen in Table 4.11.

Records/Reports	f	%
ACR Preparation	17	68
Health and Family Planning record	6	24
Staff working record	6	24
Report on treated patients	1	4
Weekly sterilization report	3	12
Weekly epidemic diarrhoeal control	3	12
Tour programme	6	24

(N = 25)

Table : 4.11 - Distribution of records and reports prepared by UHFPOs.

In response to our inquiry into the method used for checking their work by the superiors, most of the UHFPOs(76%) mentioned that consultation and physical verification were usually conducted. This was followed by office visit(20%), reports(12%), checking registers(8%) and auditing (12%). Civil Surgeon was the most frequently quoted officer (92%) who checked their work. Deputy Civil Surgeon was also mentioned by 12% of the respondents. Only 24% said that auditors also checked their work.

Touring : The job of the UHFPOs involves a lot of tour as is evidenced by 76% of the responding persons paying field visits to inspect work of the field staff. About 76% visits fields to check the activities of FWW and about 40% visited sub-centre/GRD for inspection and 36% visited FWC for supervision of activities. Other purposes behind tours were to attend sterilization camp (12%) and visit epidemic stricken area (4%). All these visits were made in unions and villages. The details of purposes of tour of the UHFPOs are given in Table 4.12. Majority of the UHFPOs(76%) used motor cycle for travel. Other means of transport used included rickshaw 4%, boat/motor launch 8% and bus 4%. However, 20% of the respondents undertook supervision on foot.

<u>Purpose of Tour</u>	<u>f</u>	<u>%</u>
Field visit to check the activities of FWW	19	76
FWCs supervision	9	36
Sub-centre, GRD inspection	10	40
Attending sterilization	3	12
Control of epidemic area	1	4
		(N = 25)

Table : 4.12 - Purposes of tour of UHFPOs

Analysis of frequency of tour per month indicates that 36% of the respondents made 7 to 10 trips, 20% made more than 15 trips and another 12% paid visits from 11 to 15 times. Data show that only 8% made only 1 (one) to 3 trips whereas 12% made 4 to 6 trips a month to the field.

According to their estimates, 24% UHFPOs spend 41% to 50% of their daily working time inside the office and 24% spent 31 to 40% time outside the office. Only 12% of the officers spend 51 to 60% time in the office, 4% spend 61 to 70%, 8% spent 71 to 80% and another 8% spent 81 to 90% of their working time in the office. Compared to these, only 8% spent 21 to 30% in the office and only 4% spent 10% or less time in the office.

Twenty eight percent spent 41 to 50% of their daily working time outside the office and 24% spent 51 to 60% outside the office. Twelve percent spent 61 to 70% time outside the office.

Work Situation : Only 28% of the respondents confirmed that there was no unfavourable condition in their work environment. Out of 18 respondents who complained of unfavourable conditions quoted the following: bad communication 32%, illiteracy of clients 20%, inadequate supply of medicines and instruments 16%, shortage of water supply 8% and shortage of residential accommodation 8%.

Lack of electricity supply and bad weather in rainy seasons mentioned by 4%. Distribution of the unfavourable conditions in the work place of UH FPOs are shown in Table -4.13.

<u>Unfavourable condition</u>	<u>f</u>	<u>%</u>
Bad communication	8	32
Unacceptable arguments of the illiterate people	5	20
Inadequate supply of medicines and instruments	4	16
Lack of residential accomodation	2	8
Lack of water supply	2	8
Lack of electricity in the complex	1	4
No unfavourable conditions	7	28
		(N=25)

Table : 4.13 - Distribution of Unfavourable conditions in the work place of the UHFPOs(%).

Qualification and Training Need : Ninety six percent UHFPOs considered MBBS degree as the required educational attainment for the post. Only 4% mentioned post graduate degree as the requisite qualification. As to previous experience needed for these job, 36% considered 4 years of inservice training as adequate, whereas 28% considered one year's inservice training sufficient although 48% said that administrative experience is needed but did not specify the time period for such experience. Data on the experience needed are presented in Table -4.14.

<u>Experience</u>	<u>f</u>	<u>%</u>
One year inservice training	7	28
4 years inservice training	9	36
Administratives training	12	48
		(N=25)

Table : 4.14 - Nature of experience needed for the job of the UHFPOs.

As to the training required to achieve an acceptable performance level in this job, responses were as follows: administrative 72% audit and accounts 44%, nutrition - 84%, MCH & FP - 24%, primary health care - 16%, malaria control - 8%, Other subjects were also mentioned for training by a negligible proportion.

Training Duration : Out of 18 respondents, 56% wanted training in administration for a period of 1 to 3 months, 17% wanted for 2 weeks to a month and 11% wanted for 3 to 6 months. Duration of training in audits and accounts were suggested as follows: 1 to 3 months-30%, 3 to 6 months-20% and 1 to 2 weeks-30%. 2 weeks to 1 month 10%, 9 months to one year 10%.

Two of the 5 (five) respondents wanted training for primary health care for 1 to 3 months and one wanted it for 2 weeks to a month. Another respondent wanted it for 9 months to a year whereas another wanted it for a week. It is observed that in all classes of training, one to three months duration is most preferred.

Out of six respondents looking for training in MCH-FP one third wanted a duration of 2 weeks to a month, another one third for 1 to 3 month, still the other one third wanted it for 9 months to a year.

Table 4.15 presents data on training requirement by subject and duration.

Subject	Duration of Training													
	Upto 1 week		1 - 2 Weeks		2 weeks to 1 month		1 month to 3 months		3 - 6 months		6 - 9 months		9 months to 1 year	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Administrative	-	-	2	11	3	16	10	56	2	11	-	-	1	6
Audit & Accounts	-	-	3	30	1	10	3	30	2	20	-	-	1	10
Primary health care	1	20	-	-	1	20	2	40	-	-	-	-	1	20
Sterilization	-	-	-	-	1	100	-	-	-	-	-	-	-	-
Padiatrics	-	-	-	-	-	-	-	-	1	100	-	-	-	-
MCH-FP	-	-	-	-	2	33	2	33	-	-	-	-	2	33
General obstetric	-	-	-	-	-	-	-	-	1	100	-	-	-	-
Nutrition	-	-	1	50	-	-	1	50	-	-	-	-	-	-
Vaccination	-	-	-	-	1	100	-	-	-	-	-	-	-	-

Table : 4.15 - Training Requirement of UHFPOs by Subject and Duration.

B. Job Analysis of Upazilla Family Planning Officer(UFPO)

Duties : A total of only 22 UFPOs were available for interviewing to collect job information. Others were either absent in the station or were on transfer. Of these 22 respondents, 91% mentioned checking attendance register of the staff of his office as the most usually performed daily duties. Looking after cleanliness of the family planning office was mentioned by 36% of the respondents and this follows the supervision of family planning staff(32%). Approving distribution of money and clothing among those who have undergone sterilization was mentioned by 10% and verifying stock and stock reports was mentioned by another 14% as their daily duties. Detailed data on the daily, periodic and occasional duties of the UFPOs are presented in Tables 4.16 to 4.24.

The remaining responses were made up of supervising maintenance of accounts and records(9%), following up clients (5%), meeting field staff (5%) and allotment of contraceptive & medicines(5%). The data on daily duties of UFPO have been presented in Table 4.16.

Daily Duties	f	%
Checks the attendance register of the staff	20	91
Supervises the neatness and cleanliness of the family planning department	8	36
Supervises the sterilization camp at upazilla health & family planning capms	5	23
Verifies stock record and stock of supplies	3	14
Follows up clients who have undergone sterilization recently	1	5
Supervises the activities of family planning staff	7	32
Approves distribution of money and clothing to those who have undergone operations	4	18
Supervises maintenance of accounts and record keeping	2	9
Meeting visiting field staff	1	5
Makes allotment of contraceptives & medicines to MCH	1	5
		(N=22)

Table : 4.16 - Distribution of daily duties of the UFPO

In the group of semi-weekly duties, 59% of the respondents mentioned visiting field to supervise activities of family planning workers and 36% checking records and stock position of supplies in FWCs. About 14% UFPOs reported that they follow up sterilised clients in the villages and 9% draws and disburses money as semi-weekly duties. Some 5% respondents followed up programme of palli(rural) singers and another 5% check cash book.

<u>Semi-weekly Duties</u>	<u>f</u>	<u>%</u>
Visits different villages to supervise the activities of the field workers	13	59
Check all files, register and verify the stock position in FWCs	8	36
Supervise the activities of Pally Singer according to their advance programme	1	5
Follows up sterilized clients in villages	3	14
Draws and disburse money among staff and clients	2	9
Checks cas book	1	5
		(N=22)

Table : 4.17 - Distribution of Semi-weekly duties of the UFPOs

UFPOs perform quite a good number of duties weekly and among those 68% submit weekly performance report to district head quarter. A little over 27% presides over weekly staff meeting of the health complex and 14% submits special report on sterilization activities in his area. Other activities performed weekly by the UFPOs included visiting sterilization camp (9%), organizing sterilization camp (9%), submitting attendance report of the staff (9%), visiting MCH centres & FWCs (5%), drawing and disbursing money and supervising field staff (5%).

Weekly Duties	f	%
Submits weekly performance report of office staff to the DD(FP)	15	68
Checks stock ledger	1	5
Visits fields & supervises the activities of the worker	1	5
Attends and Presides over the weekly staff meeting at the complex	6	27
Draws money from bank and disburses among the payee	1	5
Visits & Supervises the sterilization camps	2	9
Organizes and conducts sterilization programme	2	9
Submits report on Sterilization activities	3	14
Submits attendance report of the staff	2	9
Visits the MCH centres, FWCs of union FP clients	1	5

(N=22)

Table : 4.18 - Distribution of weekly duties of the UFPO.

Submitting fortnightly performance report to district head quarter has been mentioned by 68% UFPOs as the main fortnightly duties and presiding over meeting on contraceptive distribution by field and office staff was mentioned by 22% respondents. Only 9% reported sending expenditure statement to Director General of Population Directorate as weekly duty and other weekly duties mentioned included verifying and approving travelling allowance bills, sending confidential report on performance(5%), and allotment of contraceptive supplies to the field staff(5%).

<u>Fortnightly Duties</u>	<u>f</u>	<u>%</u>
Submits the fortnightly performance report of the staff to Deputy Director(F.P.)	15	68
Sends expenditure statements to DG (Population)	2	9
Verifies and approves TA bill of the staff	1	5
Sends confidential report on performance of staff to the Upazilla Nirbahi Officer	1	5
Presides over meeting with worker & staff on contraceptive distribution	5	23
Makes allotment of contraceptives supplies to the field staff	1	5
		(N =22)

Table : 4.19 - Distribution of Fortnightly duties of the UFPOs.

The monthly duties list of the UFPOs was quite long but submission of monthly reports on performance (82%) and expenditure (41%) were important. Most (59%) presided over meeting of the field staff while 32% attended meeting at the district office and 14% attended meeting at upazilla parishad. More than 36% approved monthly salary bill of the staff and yet another 32% prepared their own advance tour programme. Other duties performed monthly included reporting on stock position of contraceptives(9%), drawing and disbursing money(9%), supervision of preparation-submission of indents for contraceptives (9%), preparation and submission of MCH report.

<u>Monthly Duties</u>	<u>f</u>	<u>%</u>
Submits the monthly performance report of the staff to DD(FP)	18	82
Submits the monthly expenditure report to higher authority	9	41
Conducts, attends and presides over the monthly field staff meeting about family planning	13	59
Attends, meeting at dist. family planning offices	7	32
Attends meeting at Upazilla parishad	3	14
Verifies & approves monthly salary bill of the family planning staff	8	36
Supervises preparation and submission of indents to the office of the DD(FP)	2	9
Prepares own advance tour programme	7	32
Draws money from bank & disburses among the staff	2	9
Prepares MCH report and transmits it to DD	1	5
Reports on stock position	2	9
		(N =22)

Table : 4.20 - Distribution of monthly duties of the UFPO.

The half yearly duties included only 3 activities, viz. submission of expenditure statement (9%), sterilization report (9%) and checking records and registers (5%).

Submission of various reports seems to be the main annual activities of the UFPOs and these included expenditure statement (73%), consolidated performance report (32%), stock verification report (41%), ACR of subordinates (77%), annual budget (5%), and indents for supplies 9(%). Holding annual field staff meeting was mentioned by 5% respondents.

<u>Annual Duties</u>	<u>f</u>	<u>%</u>
Submits annual expenditure statements to higher authority such as DD/DG(F.P).	15	73
Sends consolidated performance report to higher authority	7	32
Sends stock verification report to higher authority	9	41
Prepares & submits the ACR of subordinate staff to the higher authority	17	77
Verifies & approves on the indent for medicines and materials	2	9
Prepares budget and submits it to civil surgeon	1	5
Holds meeting with the field staff to review the last year's progress and programme for the coming year.	1	5
		(N = 22)

Table : 4.21 - Distribution of Annual Duties of the UFPOs.

Duties performed at irregular intervals included election duty (18%), relief duties (14%), organizing sterilization camp (5%), attending cultural and sports events (5%) and others as shown in Table 4.22.

<u>Duties at Irregular Interval</u>	<u>f</u>	<u>%</u>
Performs election duty	4	18
Performs relief duties as a relief officer	3	14
Organizes special sterilization camp	1	5
Supplies medicines to different FWCs	1	5
Signs on the indent for medicines & contraceptive	1	5
Participates in site selection for Health & FWCs	1	5
Attends Cultural & Sports function	1	5
Conducts training of extra departmental workers	1	5
Supervises visit to specific area where the worker is not working well	1	5
Verifies & approves arrear bills	1	5
Supervises the training camps	1	5
Grants casual leave	1	5
		(N = 22)

Table : 4.22 - Distribution of Irregular Duties of the UFPOs.

Authority Over Personnel Matters : UFPO directly supervises activities of **seven people**. Included among them are 3 Family Planning Assistants and 4 MLSS.

All the 22 responding UFPOs confirmed that they have discretionary authority to assign work, and 95% of them could correct and discipline subordinates. About 50% could recommend pay increases but only 18% could transfer employees and 14% could promote. However, 86% had full discretionary authority to answer grievances. In so far as supervision responsibility is concerned 95% respondents reported that they could assign, instruct and coordinate the subordinates. Only 5% told that they could only assign work.

The foregoing analysis shows that the UFPOs have a reasonable span of supervision and they have complete supervisory authority over their subordinates. Although very little authority over transfer and promotion, they have some authority over recommending pay increases and almost full authority over correcting and disciplining, and answering grievances.

All the 22 UFPOs reported that their main source of instruction was written (86%). Oral communication, role specification and blue print were simply insignificant. In carrying out their job, 73% UFPOs kept contact with UNO primarily for coordination of family planning work with other activities(32%) and for reporting performance and problems(32%). Other contacted person as reported by them were Chairman of Union Parishad (45%), Agricultural Officer(23%) and C.I. of Police Station (14%). Table 4.23 shows the list of persons contacted by UFPO.

Person contacted	f	%
UNO	16	73
C I	3	14
Education Officer	4	18
Project Officer(BRDB)	6	27
Agriculture Officer	5	23
Deputy Director(FP)	2	9
Social Welfare Officer	3	
Statistical Officer	1	5
Sub Assistant Engineer	1	5
Accounts Officer	1	5
Chairman UP	10	45

(N=22)

Table : 4.23 - Distribution of Persons contacted by UFPOs.

Responsibility : As to the responsibility for taking decisions independently, 41% mentioned of organizing sterilization camp and 14% referred to calling explanation from subordinates. Responses on other decisions were as follows : visiting field work (9%), taking departmental action against defaulters (9%), allocation of contraceptive supplies (5%) etc. Distribution of decisions taken by UFPOs are shown in Table 4.24.

Major decisions made without consulting a superior	f	%
Distributes the family planning contraceptives/ logistics	1	5
Arrange Special Sterilization camp and meeting	9	41
Calls explanation	3	14
Assigns work among field worker	2	9
Prepares ACR of sub-ordinates	1	5
Visits field to check the activities of FWW	2	9
Takes departmental actions against defaulters	2	9
		(N = 22)

Table : 4.24 - Distribution of decisions taken by UFPOs without consulting a superior.

Responsibility for Resources, Targets & Reports : About 86% of 22 UHPOs had responsibility for drawing money and 82% had for disbursing money. Only 5% told that they had responsibility for use of money. They also had responsibility for machine, equipment and materials. Nearly 55% had the responsibility for maintenance of machine and 23% had responsibility for using machine. About 18% reported of responsibility for supervision of machine use. Nearly 14% were responsible for equipment and the nature of responsibility was as follows :

maintenance 50%, supervision 27%, proper utilization 27% and indenting 18%. Responsibility of the UFPOs for materials was reported as follows : Maintenance & preservation (45%), proper utilization (23%), supervision of use and storage (27%), indenting (14%) and ensuring issuance to staff (9%). It can be observed from the above analysis that UFPOs are highly responsible for money, machines, equipment and materials.

Apart from this, they had also responsibility for achievement of target and for preparation and submission of reports. About 68% told that they were responsible for fulfilling targets and 59% for preparation and submission of various reports. All the UFPOs however felt that no monetary loss would be occurred due to honest errors in their job. The UFPOs prepare a number of records and reports as will be seen from Table 4.25

<u>Records and Reports</u>	<u>f</u>	<u>%</u>
ACR of the staff	18	82
Report on Family Planning Activities	6	27
Cash book	2	9
Personal tour Programme	4	18
Expenditure Report	2	9
MCH Report	3	14
Sterilization Performance Report	4	18
Store verification report	2	9
Monthly statement of tour visit	1	5
Personal files of sub-ordinate staffs	4	18
		(N=22)

Table : 4.25 - Distribution of Records and Reports Prepared by UFPOs.

It shows that 82% of the respondents prepared ACR of subordinates once a year and 27% prepared progress report on family planning activities. Other important reports and records were performance report on sterilization (18%), performance in MCH (14%), employee performance report, etc. Most of these reports were prepared at least once a year and many of them are prepared once in a month. Most frequent source of data for these records and reports are report on field activities, observation and tour diary.

The activities of the UFPOs are checked mostly by physical verification (68%) and also by checking reports and records (50%). About 14% mentioned of field visit by the superior as a method of checking their work. All the 22 UFPOs mentioned of Deputy Director who supervises their work. Others who check their work include UHFPO (32%), Auditor (23%), Civil Surgeon (9%) and UNO (9%).

The job of UFPO involves a lot of travels mostly for supervision of activities in the field (95%). Other purposes of visit were follow up clients (23%), supervise sub-centre activities (18%), inspecting FWC (18%) and attending meeting at deputy director's office (14%). The purpose of tour are presented in Table 4.26. The most frequently visited place (73%) is the village. Other places of visit were sub-centres (45%) and sterilization camp (5%). About 64% UFPOs used motor cycle as the mode of transport. Other transports used by them include rickshaw (5%) and bus (5%). However 14% respondents walked to their places of visit.

Purpose of Tour	f	%
Field visit to check the activities of FWA and workers,	21	95
Follow up clients	5	23
Supervision of activities of the indoor doctor who performed sterilization	2	9
Supervision of sub centre	3	14
FWCs visit	4	18
Sterilization	4	18
Attends meeting at D.D. Office	2	9
		(N=22)

Table : 4.26 - Purpose of tour of UFPOs.

Out of 17 respondents who replied to the question on the frequency of visit, 41% mentioned a visit frequency of 11 to 15 times per month. Nearly 18% visited field 7 to 10 times per month and another 18% reported of visit frequency of 16 and more. However, 12% reported the frequency as 1 to 3 times and another 12% reported 4 to 6 times.

Regarding the proportion of daily working time spent inside the office, 41% reported having spent 41 to 50% of their time inside the office. Other responses were as follows :

31 to 40% - 18%, 41 to 50% - 18%, 51 to 60% - 9%, 61 - 70% - 9% and 71 to 80% - 5%. Rest of the daily working time was spent outside the office. Out of 22 respondents, 41% felt that there was no unfavourable condition in the location and in the nature of their work. Out of 13 who mentioned unfavourable condition 14% told of bad communication followed by lack of water supply(9%). Other unfavourable conditions mentioned by the respondents can be seen in Table 4.27.

<u>Unfavourable condition</u>	<u>f</u>	<u>%</u>
Lack of electricity	1	5
Lack of water supply in health complex	2	9
Bad communication	3	14
Unacceptable arguments of the uneducated/ illiterate people	1	5
Inadequate supply of medicines and instrument	1	5
Lack of office accomodation	1	5
Shortage of staff	1	5
No scope of voicing grievances	1	5
Difficulties in getting funds	1	5
Extraordinary influences of religious leaders	1	5
		(N = 22)

Table : 4.27 - Distribution of unfavourable conditions in the work place of the UFPOs

Qualification and Training Need : Information were collected from the respondents on the educational requirement for the job of UFPO. Out of 22 respondents, 88% considered graduation degree as satisfactory but 32% felt the necessity of master's degree. Responses were received from only 7 UFPO on the experience needed for the job and the responses were as follows: preservice training -5%, social work -5%, demography and statistics - 5% and teaching experience - 5%. On the issue of training requirement to achieve an acceptable performance level, the respondents specified the following subjects :

Management and Administration- 86%, Accounting - 32%, Budgeting 23%, family planning 23% and demography 14%. Data on the responses on the training required by duration and subjects is presented in Table 4.28.

Name of the Training	Duration of the Training														No. of respondent	
	Upto 2 weeks		2 weeks to 1 month		1 month to 3 months		3 months to 6 months		6 months to 9 months		9 months to 1 year		1 year to above			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Administration/Management	2	11	9	47	7	37	-	-	-	-	1	5	-	-	19	86
Accounting	1	14	3	43	3	43	-	-	-	-	-	-	-	-	7	32
Budgeting	1	20	3	60	1	20	-	-	-	-	-	-	-	-	5	23
Auditing	1	33	1	33	1	33	-	-	-	-	-	-	-	-	3	14
Primary Health care	-	-	-	-	-	-	-	-	1	100	-	-	-	-	1	5
Population Control/Family Planning activities	-	-	1	20	2	40	-	-	1	20	-	-	1	20	1	5
Demography	-	-	-	-	1	33	-	-	2	67	-	-	-	-	3	14
Statistics	-	-	1	50	1	50	-	-	-	-	-	-	-	-	2	9
MCH	1	25	-	-	1	25	-	-	2	50	-	-	-	-	4	18
Sterilization	1	100	-	-	-	-	-	-	-	-	-	-	-	-	1	5

(N = 22)

Table : 4.28 - Training requirements of UFPOs.

As to the duration of training in management and administration, 47% felt a duration of 2 weeks to 1 month as appropriate while another 37% felt it appropriate for 1 to 3 months. Only 5% desired a duration of 9 months to a year and 11% desired 1 to 2 weeks duration. Time required for training in accounting was mentioned by 7 respondents and 43% specified the time requirement of 2 weeks to a month and another 43% specified it for 1 to 3 months. Only 14% quoted the required duration upto 2 weeks.

C. Medical Officer (MCH-FP)

Duties : Information on job analysis was available from 19 MO(MCH-FP). Almost all of them (95%) treated mothers and children as their daily duties but a majority (63%) of them also treated outdoor patients. Nearly 37% MO (MCH-FP) performed sterilization operation at the health complex and 32% followed up recently sterilized clients. Supervising activities of MCH staff and FWCs as a daily duty was mentioned by 26% MOs. Just 16% enquired about patients diet and 16% was engaged in checking neat and cleanliness of the indoor and outdoor areas of the complex. Only 5% reported following as daily duties. Checking outdoor patient register, supervising family planning activities and issuing prescription slip. Distribution of daily duties of the MOs(MCH-FP) are presented, in Table 4.29.

<u>Daily Duties</u>	<u>f</u>	<u>%</u>
Examines, diagnosis and Prescribes medicines to the outdoor patients who are mothers and children	18	94
Checks the attendance register of the subordinate staff	1	5
Performs sterilization operation in the complex	7	37
Examines, diagnosis, and prescribes medicines to the indoor patient	12	63
Follows up sterilized clients	6	32
Checks the outdoor patient register	1	5
Visits the neat ^{ness} and cleanliness of the indoor and outdoor of the complex	3	16
Supervises the family planning works	1	5
Issues the Prescription slip	1	5
Checks up patients diet	3	16
Supervises the activities of staff of MCH & FWCs	5	26
Checks the daily indent Khata of medicines for indoor patient	2	11
		(N = 19)

Table : 4.29 - Distribution of daily duties of the MO(MCH-FP).

Semi-weekly duties performed by MO(MCH-FP) included visiting FWCs (26%), supervising MCH work (26%), performing sterilization operation in health complex (11%) and in camp (11%) and visiting sub-centres to check Expanded Programme of Immunization works(5%).

Following weekly duties were performed by MO(MCH-FP) sterilization operation(47%), filed visit to check work of health workers(11%) and that of FWCs(11%), supervising EPI work in health complex(11%), submitting weekly performance report (5%) and checking outdoor medicine store register (5%). Fortnightly duties consisted of sterilization operation (11%) attending fortnightly meeting on family planning (10%) and checking and supervising FWCs(5%).

Attending monthly meeting with field workers was reported by 47% respondents. Other monthly duties reported were preparing own salary bill (16%), verifying stock ledger of MCH and sterilization supplies (21%), preparing advance tour programme (11%), submitting report on MCH activities to deputy director (11%), reporting on field visits (5%) and preparation of report on EPI work - 5%.

<u>Monthly Duties</u>	<u>f</u>	<u>%</u>
Prepares report & return of the MCH works.	2	11
Prepares E.P.I works report.	1	5
Attends monthly meeting with the field workers	9	47
Verifies stock ledger/MCH & Sterilization	4	21
Reporting on Field Visit and FWCs visits	2	5
Verifies and signs on his monthly salary form	3	16
Prepares advance tour programme	2	11
Attends monthly meeting at D.D.(F.P.) office	1	5
Submits the report of MCH activities to D.D.(FP)	2	11
		(N =19)

Table : 4.30 - Distribution of monthly duties of the MO(MCH-FP),

Half yearly duties performed only by 5% respondents included attending meeting with UHFPO on family planning as well as preparation and evaluation of performance report. Only a few annual duties were performed by MO(MCH-FP) and out of these, attending meeting on health and family activities was reported by 11% respondents and filling part of his own ACR was reported by 16%. Only 5% prepared report on MCH and sterilization activities and verified stock of logistics.

Treating emergency patients was reported by 47% as occasional duty and 37% performed sterilization operation at irregular intervals. About 16% MO(MCH-FP) followed up sterilized patients and 11% visited MCH clinics. Other duties performed at irregular intervals included attending motivational work on family planning (5%), field visit for diarrhoeal disease control (5%) and visiting FWCs(5%). It is apparent that MO(MCH-FP) has only a few periodic duties and only a negligible proportion of MO(MCH-FP) perform these duties.

Authority Over Personnel Matters : The MO(MCH-FP) is in-charge of the MCH Clinic in the health complex. He directly supervises the work of a nurse and a mid-wife. Regarding discretionary authority over the subordinates, 47% of the 19 respondents could assign work, another 47% could correct & discipline and only 26% could answer to grievances. In so far as supervising is concerned 47% could assign, instruct and coordinate the activities of the sub-ordinates. However, 11% of the respondents could assign and instruct, only 5% could assign and coordinate and 5% could only assign work.

The sources of instructions of MO(MCH-FP) were mainly two - 84% reported of oral sources & 74% reported of written sources. Only 5% mentioned of blue prints and specification. The MO(MCH-FP) had little contacts as only 26% mentioned of contacts with Chairman of upazilla and 16% with UNO. Both the contacts were maintained for improving performance in health and family planning activities.

As to the responsibility of making major decision without consulting the supervisor, 16% could perform sterilization operation, treat patients, admit and discharge patients in and from indoor ward and only 11% could arrange special camps.

Responsibility for Resources, Targets & Reports : Out of 19

MO(MCH-FP) 26% had the responsibilities for proper utilization of machines. Regarding responsibility for equipment, 37% looked after maintenance and another 37% looked after proper utilization of equipment. In so far as the responsibility for material is concerned, 26% ensured proper utilization and 16% looked after maintenance. The MO(MCH-FP) had no responsibility for money and in their opinion no monetary loss can occur through an honest error in their job.

Nearly 37% told that they had responsibility for fulfilling the targets and 21% told of responsibility for submission of report to civil surgeon's office. The foregoing analysis shows that less than 50% of the medical officer in charge of MCH-FP had responsibility for machines, equipments, material reports and targets and no one had responsibility for money.

The respondents maintain a number of reports as shown in Table 4.31. It appears from the table that records and reports maintained by the respondents include outdoor patient record, sterilization patient record, pay bill record, epidemic report, stock register, and tour programmes. The main sources of data for these reports and records include statements by the patients, observation of the medical staff and officers and reports of the field staff. Nearly 90% respondents reported physical verification as the method of checking work by the supervisor. Other methods used include checking registers, auditing and consultation. Once again nearly 90% respondents reported that their work were checked by UHFPO. About 53% mentioned of civil surgeon and 63% of deputy director (FP) as the person who check their work.

<u>Records/Reports</u>	<u>f</u>	<u>%</u>
Indoor patient record	1	5
Outdoor patient record	3	16
Record of sterilization case	3	16
Tour Programme	2	11
Personal Files	3	16
Temporary Contraceptive Measures	1	5
Weekly Performance report of field staff	1	5
MCH activities	2	11
Epidemic report	3	16
Stock Register	2	11
Pay bill record	2	11
	(N = 19)	

Table : 4.31 - Distribution of Records and Reports Prepared by MO(MCH-FP).

The job of the MO(MCH-FP) involves some tour and 58% respondents undertake field visit to inspect work of field workers in villages. The other purposes of tour as shown in Table 4.32 include inspecting special sterilization camp, inspection of MCH centres, and following up sterilization clients. The places of visit/inspection included households in the villages 68%, sub-centre and FWCs 32% and special camp 11%. Majority (67%) of the MO(MCH-FP) used motor cycle for travel. Other modes of transport used include boat 16%, rickshaw 11% and bus 5%. Nearly 32% of the respondents walked to the places of visits.

<u>Purpose of tour</u>	<u>f</u>	<u>%</u>
Visits field to check the activities of FWA	11	58
Follow up of E.P.I. Programme	1	5
Inspecting Special Sterilization Camp	2	11
Inspecting of MCH Centre	8	42
Follows up Sterilized Clients	1	5
		(N = 19)

Table : 4.32 - Purpose of Tour of MO(MCH-FP).

About 42% respondents spent 61 to 70% of their time inside the office, 26% spent 71 to 80% time, 11% spent 51 to 60% and another 11% spent 31 to 40% of their time inside the office. Only 5% reported having spent 41 to 50% time inside the office. In contrast to these 32% spent 21 to 30% of their time outside the office while 26% spent 31 to 40% time outside the office. The proportion of the respondents spending 11 to 20% time outside the office was 21%.

Out of 19 respondents, 47% told that there was no unfavourable or disagreeable condition in the location and or nature of their work. Those who reported presence of unfavourable condition pointed out the following as the factor; bad communication 31%, inadequate medicines supply 11%, lack of water supply 15%, shortage of office space 5%, and shortage of residential accommodation 5%.

Education and Training : A total of 18 respondents out of 19 mentioned MBBS degree as the educational requirement for the job of MO(MCH-FP). Only one respondent mentioned post graduate degree. About 47% felt that a one year inservice experience in a good hospital is required to serve in this position.

Nearly 37% respondents felt that special experience on sterilization operation is required, while 17% considered experience in administration/supervision as a requirement, 11% mentioned of experience in the area of MCH.

As to the training needed for the job a wide variety of responses were received which are presented in Table 4.33. The table shows that 79% the respondents consider training in MCH as a must. While 53% mentioned of training in administration/management as a requirement & 32% mentioned of sterilization. Other important areas of training requirement include nutrition (21%) MR (21%) and budgeting (5%).

The suggested duration of training for different subjects mentioned by the respondents varied and these are presented in Table 4.33. It shows that the most frequently wanted duration of training was 2 weeks to a month.

Name of the Training subject	Duration of Training														No. of response	
	Upto 2 weeks		2 weeks to 1 month		1 month to 3 months		3 months to 6 months		6 months to 9 months		9 months to 1 year		1 year & above			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
MCH	3	20	1	7	3	20	-	-	7	47	-	-	1	7	15	79
Administration/ Management	5	50	3	30	-	-	-	-	2	20	-	-	-	-	10	53
E.P.I.	-	-	-	-	-	-	-	-	-	-	-	-	1	100	1	5
Sterilization	2	33	3	50	1	17	-	-	-	-	-	-	-	-	6	32
M.R.	2	50	2	50	-	-	-	-	-	-	-	-	-	-	4	21
Nutrition	1	25	2	50	1	25	-	-	-	-	-	-	-	-	4	21
Pediatrics	-	-	-	-	-	-	-	-	1	100	-	-	-	-	1	5
Budgeting	-	-	-	-	-	-	1	100	-	-	-	-	-	-	1	5
Orientation	1	100	-	-	-	-	-	-	-	-	-	-	-	-	1	5

Table : 4.33 - Training Requirements of the MO(MCH-FP) by subjects and duration.

D. Medical Officers (MO)

Information on job analysis were available from 84 medical officers, 7 of whom were Resident Medical Officers(RMO) having same duties as Medical Officers with a few extra duties.

Duties : Analysis of daily duties of MOs show that all the 84 medical officers had the daily duty of examining outdoor patients and writing prescription, but 89% MOs were performing this task for indoor patients. Only 7% MOs performed sterilization operation daily and 11% issued prescription slip. Other daily duties of MOs included maintaining outdoor patient registers (7%), following up clients after sterilization (3%), checking stocklist (4%), advising nurses on patient care (4%) and supervising activities of family planning workers (2%).

<u>Daily Duties</u>	<u>f</u>	<u>%</u>
Examines outdoor patient and prescribes medicines to the patient	84	100
Perofrms sterilization operation in the complex	6	7
Examines indoor patients and prescribes medicines	75	89
Maintains outdoor patients register	6	7
Followup sterilization clients	3	3
Checks the stocklist of medicines	3	4
Checks the daily indent Khata for medicines for indoor patient	1	1
Advises nurses to take care of the indoor patient	3	4
Supervises the family planning workers	2	2
Issues the prescription slip	9	11
		(N=84)

Table + 4.34 - Distribution of Daily Duties of the MOs.

Semi-weekly duties of MOs included treating patient in the emergency department (19%), performing sterilization operation (13%), visiting sub-centres(10%), preparing indent for medicine (7%) and following up sterilized clients(4%). Thus only a few MOs performed duties semi-weekly. Same is also the case with weekly duties. Only 17% MOs attended meeting called by UHFPOs on family planning activities, 6% performed sterilization operation, 5% varified stock register of medicines and 5% visited unions to follow up family planning work. Weekly and semi-weekly duties of MOs are shown in Table 4.36 and 4.35.

<u>Semi-Weekly Duties</u>	<u>f</u>	<u>%</u>
Goes to different villages and checks the activities of field workers	7	8
Performs sterilization operation	11	13
Visits the subcentres/FWCs	8	10
Supervises the MCH works	1	.1
Follows up Sterilization Clients	3	4
Examines Patients and Prescribes medicines to the patients in the emergency department	16	19
Prepares indent for medicines & other materials to the upazilla health & family planning officer (UHFPO)	6	7
		(N=84)

Table : 4.35 + Distribution of Semi Weekly Duties of the MOS(3).

<u>Weekly</u>	f	%
Verifies the stock ledger of medicines	4	5
Visits the unions where health workers are working	4	5
Supervises the E.P.I. works in the health complex	1	1
Performs sterilization operation	5	6
Visits different FWCs-subcentre	1	1
Attends meeting with UHFPO about Health & family planning activities	12	17
Submits the weekly performance report to UHFPO	1	1
Maintains cleanliness of the hospital campus	1	1
Prepares tour program	2	2
Prepares indents for medicines	1	1
Examines the patients & prescribes medicines to the emergency patients	1	1
		(N=84)

Table : 4.36 - Distribution of Weekly Duties of the MOs.

MOs had a very few fortnightly duties and those too were performed by only a few respondents. Duties comprised of checking stock ledger of medicines (8%), preparing and submitting performance report on FWAs (4%), supervising activities of FWAs and FWVs (2%), counselling medical assistants (1%) and performing sterilization operation. Monthly duties were however, performed by more MOs and these included attending meeting convened by UHFPOs (12%), performing sterilization operation (8%), and preparing own salary bill (37%). Half yearly duty was only one i.e. attending meeting on family planning called by UHFPO and that again was performed by 1% of the sample MOs.

<u>Monthly</u>	<u>f</u>	<u>%</u>
Verifies and signs on his own monthly salary form	31	37
Attends monthly meeting of the field workers	4	5
Performs sterilization operation in the health complex	7	8
Supervises the FWVs in the sub-centre	4	5
Attends meeting with UH-FPO in the complex	10	12
Submits the MCH report at D.D.(FP)	3	4
Visits different FWCs Sub-centres	2	2
Checks expiry dates of medicines	2	2
Examines the patients & prescribes medicines to the patients in the emergency department	3	4
		(N = 84)

Table : 4.37 - Distribution of Monthly Duties of the MOs.

Annual duties of MOs were also very limited and only a few MOs performed annual duties. About 40% filled in part of his own ACR form and 10% attended meeting of UHFPO on family planning. Three more annual duties were performed but each by only 1% of the respondents. Only a small fraction of MOs performed duties at irregular intervals. This included examining patients and writing prescription in the health complex(33%) and at special camps(26%), checking cleanliness of indoor and outdoor area of the clinic (17%), performing sterilization operation (7%) and so on.

The foregoing discussion reveals that MOs are engaged mostly in daily duties and periodic duties are fewer in number and are performed by a very small proportion of them.

Authority Over Personnel Matters : On the average, a Medical Officer has only three sub-ordinates under him. Compared to ^{the} span of supervision of UHFPO and UFPO, MOs have a much shorter span of supervision. In reply to ^{the} question on the items over which MOs had full discretionary authority, 33% pointed out that they could assign work to subordinates and 23% could correct and discipline them while only 16% could answer to their grievances. Only 1% told that they could recommend pay increases. As to the supervisory responsibility, 19% of respondents said that they could assign, instruct and 8% could only assign and coordinate while 5% could assign and instruct, and assign work only, respectively. Nearly 83% ^{of the} respondents mentioned oral communication as the source of instruction while 62% mentioned of written instruction. The Medical Officers had very few persons to contact with. Only 14% reported having contact with UNO and 7% with Chairman of Union Parishad. The nature of contact with the UNO and Chairmen involved discussion on ways and means of improving performance in health and family planning activities.

Responsibility : As to the decisions the Medical Officers could take without consulting their superiors, 36% reported that they could decide on the patients' admission to the ward and 36% reported that they could discharge indoor patients. About 38% respondents could decide on the nature of treatment to be provided to the patient without consulting with the superior. Other decisions which the Medical Officers could take independently included referring patients to specialists (13%), issuing medical certificate(11%) and perform sterilization operation (6%). Medical officers had no responsibility for drawing and disbursing money. Only 10% reported having responsibility for maintenance of machine and 4% had responsibility for proper utilization of machine. In contrast to this 41% of the Medical

Officers had the responsibility for maintenance of equipment and 35% had the responsibility for proper utilization of equipment. As to the responsibility for materials, 26% mentioned that they had such responsibility for looking after the materials and 24% for proper utilization of the materials. Only 10% Medical Officers mentioned that they had any responsibility for achievement of targets. No Medical Officers felt that any monetary loss can occur through an honest error in their job.

The foregoing analysis shows that the Medical Officers had some responsibility for supervision and some authority for making decision over a limited number of issues but they had very little responsibility for money, machinery, targets and reports. They had some responsibility for equipment and materials. About 45% Medical Officers had responsibility for records of outdoor patient but they have hardly any responsibility for other reports and records as is evidenced from Table 4.38.

<u>Records/Reports</u>	<u>f</u>	<u>%</u>
Indoor patient record	3	4
Outdoor patient record	38	45
Tour programme	3	4
Epidemic report	3	4
Pay bill record	3	4
Store register	2	2
Weekly performance report of field worker	1	1
		(N= 84)

Table : 4.38 - Distribution of records and reports prepared by MOs.

In response to enquiry into the methods used by their superiors for checking their work, 73% mentioned of physical verification followed by checking of register(22%), and auditing (11%). As to the rank of the person checking the work, UHFPO was quoted by 93% respondents, followed by Civil Surgeons (41%), Deputy Director (Health)-2%, Auditor(2%) and Deputy Director (Family Planning)-1%.

The job of the Medical Officers required some tour as is evidenced by 31% respondents making field visits to inspect family planning and health activities. The purposes of tour are presented in Table 4.39.

<u>Purpose of tour</u>	<u>f</u>	<u>%</u>
Supervision of field work	26	31
Inspection of special sterilization camp	2	2
Inspection MCH Centre	1	1
Inspection FWCS	6	7
Attending meeting at Union Parishad	2	2
		(N= 84)

Table : 4.39 - Purpose of tour of MOs.

As to the places of visit/inspection 27% pointed to villages, 18% to sub-centres and 10% to special camps. Rickshaw was used by 49% Medical Officers for the purpose of travel. Other modes of transport used by them were Motor-Cycle-22%, boat/launch-7%, and bus/baby taxi 8%. About 16% however, undertook walking for field visit. 50% of MOs spent 91 to 100% of their daily working time inside the office while 18% spent 71 to 80% and 14% spent 61 to 70% time inside the office.

Inadequate supply of medicine was quoted as the unfavourable condition of work situation by 27% medical officers while 23% complained of inadequate supply of instruments. Other complaints on unfavourable working condition included lack of electricity (11%) bad communication (25%), lack of water supply (8%), lack of residential accommodation (8%) and lack of office accommodation (7%). Data on the unfavourable condition at the work place of the MOs are shown in Table 4.40.

<u>Unfavourable condition</u>	<u>f</u>	<u>%</u>
Lack of electricity	9	11
Lack of water supply	7	8
Bad communication	21	25
Lack of office accommodation	6	7
Problem of residential accommodation	7	8
Insufficient supply of medicines	23	27
Inadequate supply of instruments	19	22
		(N=84)

Table : 4.40 - Distribution of unfavourable conditions in the work place of MOs.

The foregoing analysis shows that the medical officers primarily work in an indoor environment and ^{make} ~~few~~ little field visits. However, they have to use uncertain mode of transport and they face problems of shortage of medical supplies and instruments.

Education and Training : Almost all the medical officers felt that the requisite qualification for this job is MBBS with one year inservice training in a good hospital.

According to the respondents, training is required on a number of subjects for dispensing/duties of this post. The subjects and frequency of responses on training required are presented in Table 4.41.

This table shows that 38% respondents felt that training is required on MCH & FP but 56% mentioned of administration. About 37% pointed out about/some training requirement on nutrition and 17% on sterilization and on primary health care. As per the estimate of the respondents, the time requirements of training for each subject varied widely. Data on time requirement by subject are presented in Table 4.41. It shows that/the most frequently suggested duration of training in almost all the subjects is 1 month, to 3 months, followed by 15 days to a month. We can conclude from the above analysis that most MOs feel that apart from inservice training training in management/administration is required to perform duties in this post. They also feel that training is required in MCH-FP, MR and primary health care. This is very usual as they do not have opportunity to learn about these in their medical courses.

Name of the Training Subjects	Duration of Training														No. of respondents	
	Upto 2 weeks		2 weeks to 1 month		1 month to 3 months		3 months to 6 months		6 months to 9 months		9 months to 1 year		1 year & above			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
MCH	3	9	6	19	9	28	6	19	-	-	7	22	1	3	32	38
Sterilization	2	14	10	71	2	14	-	-	-	-	-	-	-	-	14	17
MR	3	38	4	50	1	13	-	-	-	-	-	-	-	-	8	10
Administration/ Management	6	13	11	23	21	45	7	15	1	2	-	-	1	2	47	56
Nutrition	6	19	7	23	12	39	3	10	-	-	2	6	1	3	31	37
Pediatrics	-	-	1	33	2	67	-	-	-	-	-	-	-	-	3	4
Budgeting	-	-	1	50	1	50	-	-	-	-	-	-	-	-	2	2
Primary Health care	1	14	-	-	3	43	2	29	-	-	1	14	-	-	7	8
Accounting	2	40	3	60	-	-	-	-	-	-	-	-	-	-	5	6
Auditing	2	33	4	67	-	-	-	-	-	-	-	-	-	-	6	7
Diarrhoea	3	60	-	-	-	-	1	20	-	-	-	-	1	20	5	6
Diabetic	1	50	-	-	-	-	1	50	-	-	-	-	-	-	2	2
Surgical	-	-	1	50	-	-	1	50	0	-	-	-	-	-	2	2
FCPS	-	-	-	-	-	-	-	-	-	-	-	-	5	100	5	6
Gynecology	-	-	-	-	-	-	-	-	-	-	1	50	1	50	2	2
Medicines	-	-	-	-	-	-	3	100	-	-	-	-	-	-	3	4
EPI	-	-	-	-	1	50	-	-	-	-	-	-	1	50	2	2

Table : 4.41 - Training required of the MOs by subjects and duration. n = 35

Implications of Job Analysis

The job analysis indicates that there is wide variation in the perceived duties, responsibilities and authority of the officers. This means that the perceived duties vary from prescribed duties, and that prescribed job descriptions could not effectively communicate their duties, or it may also mean that ^{the} official job description is inadequate for guidance or cannot be practised in the field. In any case, the officers need to have a thorough understanding of their entire job spectrum, responsibility pattern, role relationship and authority structure. This implies that training curricula should include ^a section on job responsibilities and ^{the} role of ^{the} each categories of upazilla level health and family planning officers.

The job analysis of the UHFPOs reveals that although they perceive supervision as an important task, their list of subordinates supervised does not include UFPOs. This implies that they do not yet perceive family planning activities as their ^{area of} responsibility area which in turn implies it is essentially the responsibility of the UFPOs. This may also mean that since they could not make UFPOs responsible to them, they do not supervise their work. In either case, there is a serious need for changing the perception of the UHFPOs in this regard through training.

A. UHFPO and UFPO

Although UHFPOs and UFPOs are supposed to work in superior-subordinate relationship, their task list appeared more or less similar as both of them are the incharges of their respective programmes and work units and have field supervision duties. The job analysis also rendered similar findings regarding their jobs. Therefore, the implications for training need recorded in the following sections apply to both:

1. Both the officers have to supervise activities and personnel in the station and in the field which implies that they should possess the supervisory skill. There is a need for training in this areas to provide them with principle and methods of effective supervision.

2. In order to make the field visits successful for client motivation and organization of camps, they must be familiar with the rural socio-political, cultural and economic aspects. This is also needed for supervising the field workers and field staff.

To dispense the responsibility of drawing/disbursing money, supervising accounts preparation, passing salary and other bills, preparation of budgets etc., the incumbents of these two positions should have familiarity with financial rules, accounting and auditing system and budgetary control.

These officers are required to supervise procurement, storage, allotment and issuance of materials, and are accountable for procurement and maintenance of equipment and facilities. This calls for their acquaintances with the logistics and supply management.

The UHFPOs and UFPOs contact various agencies, communicate with personnel of different organizations and community leaders and hold and/or attend meetings with subordinates, superiors and community leaders. These functions essentially call for sound communicative ability and appropriate leadership style. The officers, should, therefore have training on effective communication and leadership process. They should also know the art of conducting successful meetings and effective participation in meetings.

Both the officers have either to prepare reports themselves or supervise the preparation by subordinates. They have to write

ACRs and have also to supervise record keeping. It follows that they have to be familiar with report preparation techniques, record keeping methods and personnel appraisal.

Other than writing ACR, they are involved in many personnel function such as selection of temporary staff, training, compensation, disciplining and promotion of regular staff and officers. These implication is that they should have sufficient knowledge about personnel management.

Finally, since they are responsible for the performance of the programme, they should not only thoroughly know about the programme but should be able to plan, implement, monitor and control the programme which essentially calls for managerial ability.

B. Medical Officer (MCH-FP)

The medical officers (MCH-FP) have a much shorter task list and much less responsibility than either UHFPO or UFPO. The analysis of their job indicates that apart from their primary task of rendering medical consultancy and surgical services, they supervise activities of three of subordinates, visits FWCs to check performance and counsel staff, monitor performance of his unit, maintain records of patients treated and stock of medical supplies, and attend meetings. The job analysis implies that M.M.(MCH-FP) should have knowledge about supervisory management, record keeping, problem solving and performance monitoring. However, since they have also the responsibility for client motivation, they must be familiar with social, political, cultural and economic aspects of rural community and influence process.

C. Medical Officers (M.O).

Other than performing their primary duty of examining patients, writing prescriptions and admitting and checking patients in the

hospital, the medical officers keep records of patients treated, supervise work of the nurses, follow up sterilized clients, indent medicines from store and visit health workers in the field. They have however responsibility for promoting family planning through client motivation. The task analysis implies that their training needs, other than in professional area, would be limited to supervisory management, record keeping and socio-economic analysis and client motivation.

D. Implications of the Training Need as Perceived by Respondents.

The analysis of training needs by subject and duration as perceived by the UHFPO implies that training need in management/administration is most seriously felt by the respondents followed by audit and accounts. Only minor fractions of responding UHFPOs wanted training in their professional areas. Similarly, UFPOs felt the need for training in management/administration more than in anything else followed by accounts, audit and budgeting. Some felt training need in statistics, MCH and Demography. Medical Officers (MCH-FP) however, felt the greatest training need in MCH followed immediately by administration. Some of them felt the need/in sterilization, MCH and MR compared to this situation, Medical officers felt ^{the} greatest need for training in management/administration followed by MCH and nutrition. The foregoing summary of findings implies that training in management/administration should receive top priority in any training scheme for the upazilla level health and family planning officers.

5. Personality and Attitude Test

5.1 Background

The research problem centres around the **recent government decision** in integrating the health and population control programme at Upazilla level with the UHFPO - heading a core team of officials. The UHFPO has to be a medical personnel under whom the two competing and rival disciplines of health and family planning are to be integrated. The present research aims at determining the training need for this important position alongwith other officials in the field level, as well as to suggest improvement in organization, and method & equipment factors.

The training, infact, will be administered by certain human elements ~~for~~ some other human beings (here the upazilla officials) who have had no or little ^{or no} previous training in administration. Before any training is given to them it is important to ascertain their present capabilities and problems, if any, and future realization of their potentialities. It is also important to know their present attitude towards ~~the~~ fundamental problems i.e. success in family planning programmes carried out by government and other organizations. Since the upazilla officials are the field level representatives of the government to guide and control the family planning activities, the whole family planning programme depends on the successful performance of these officials.

The above perspectives led to administration of personality and attitude tests on the samples selected for the present research. The personality test is a multi-dimensional test of personality, although it is heavily biased with anxiety revealing items. The upazilla health and family planning officials will be required to plan, organize, direct, coordinate, control and integrate the whole field level programme. Their competency to take timely decisions,

as well as capability to stand pressure is vital for its success. This is why the personality tests elements are heavily anxiety biased. If the subject's personality weakness can be identified, it will be useful in devising appropriate training component that will help him to cope with his internal and external stress situations. The tests also may suggest individual counselling for some official for improving their efficiency and ensuring more success. At least the tests will tell the trainer what kind of trainees they are to deal with.

The attitude of officials is also vital for the success of programmes. If the officials themselves hold ^{beliefs} contrary to what is propagated in the philosophy of national family planning programme, it will be difficult for them to implement the decisions advocated by the programme. Moreover, the officials may have some bias towards male or female sterilizations, towards certain aspect of method of sterilization and how this family planning activities will affect the society composed of men, women, and children. All these information is expected to contribute towards understanding the officials and their success and failures in implementing family planning programme. It will also help to take up training programme to change or augment certain aspect of their attitude, if necessary.

5.2 Methodology of the Personality Test

The test component includes a personality inventory to test the officers' personality and assess them on various clinical and maturity scales. In the present case we have used a hundred and fifty items personality inventory. In fact this is not a totally new inventory. It has items developed by R.S. Woodworth in 1919 to identify individuals with personality problems who would not be able to take "the strains and stresses" of military service.¹ It has items from Taylor's scale of manifest anxiety.² Items were also included to indicate the kind of behaviour expected of a

mature individual. Most of these items were already included in the accepted personality inventory like Bell Adjustment Inventory and Minnesota Multiphasic Personality Inventory(MMPI). The questions in the inventory are grouped in clinical scales such as (1) Hypochondriasis(HS) (2) Depression(D), (3) Hysteria(HY), (4) Psychopathic deviate(Pd), (5) Paranoia(Pa), (6) Psychasthenia (P^t), (7) Schizophrenia(Sc), and (8) Hypomania(Ma) as well as the adjusted and mature activity pattern. Care was taken not to include any item that was not previously tested and validated since the present research was not aimed at developing a completely new personality test.

The choice of this personality inventory in the present case would serve at least two purposes :

1. It would attempt to measure not only the overt behaviour characteristics but also the covert traits, and
2. It would attempt to measure the data objectively.

The field investigators carried the personality test instrument with them and passed these on to the sample officials for self administration. On completion, the completed tests were collected by the investigators for processing. The test contained detailed instructions for taking it by the subjects.

5.3 Personality Test Result and Analysis

As mentioned earlier, the personality test items are adapted from well-established personality tests developed in western culture. These items were translated into Bengali before they were administered. The cultural variation plus the translation effect could have rendered some items nondiscriminative. As a check, an item analysis was performed to justify the reliability of the rest.

In all 150 items are included in the personality test. The test result shows that out of 150 possibilities (150 subjects) only 7 items could not be discriminated more than 100 items for, eg. item no. 131 was scored by 130 subjects. This shows that this particular item was non-discriminative. But most of the items were fairly discriminative that more than 120 items were scored less than 50 times. Here one important point is that our sample group is apparently a normal and highly educated group. This shows that our test is fairly reliable. If there were some confusion at all due to cultural and translation effect, the confusion was negligible and the test gave a fairly clear picture of the subject's personality adjustment and his anxiety state. The high scoring subjects may be singled out and special counselling may be provided to help them. Training programme may contain elements to give them insight regarding their problem and help them solve it; specially to cope with the anxiety evolving stimulus at work and job situation.

The personality test has 150 items each, of which has one possible unhealthy score amounting to a possible total score of 150. The test result on the 150 subjects show that 110 subjects gave 50 or less score (one third of possible scores). This makes 73.33% of the subjects scored equal or less than 50, and 139 subjects scored 75 or less (one half of possible scores). This shows that only 11 subjects had scored more than 75 the highest score being 110. This shows that only 7.33% subjects could be identified as high scorer who may need some special counselling in adjustment. The training programme may provide some individual counselling and adjustment element to make up for the deficiency. The result clearly shows that our sample is a fairly adjusted group and can be relied upon and trained in this challenging job. Table 5.1 below provides the data on test scores. The graphical representation of the same also be obtained.

<u>Class Interval</u>	<u>Frequency</u>
1 - 10	1
11 - 20	27
21 - 30	37
31 - 40	29
41 - 50	16
51 - 60	15
61 - 70	10
71 - 80	8
81 - 90	2
91 - 100	2
101 - 110	3
	(N = 150)

Table 5.1 - Personality Test Score Distribution.

CONSIDERING A SMALL UNIT OF ROW = 1

CONSIDERING A SMALL UNIT COLUMN = 3.33

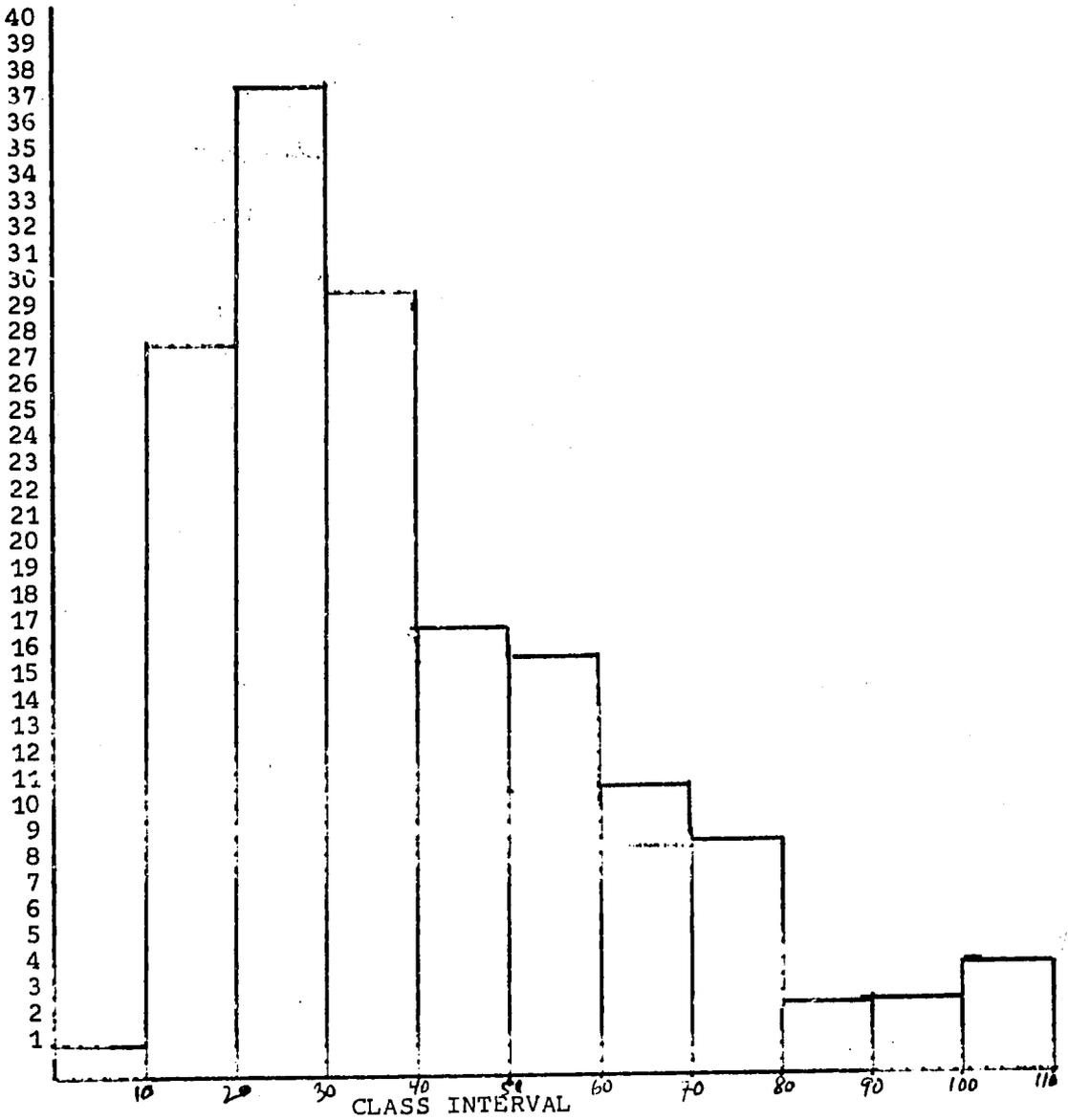


Figure - 1 : Graph Showing Score Test Distribution

5.4 Methodology of Attitude Test

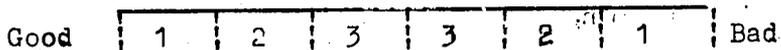
To measure the relevant attitudes, a well known psychological measurement scale "Semantic Differential" has been prepared. Since the scale is to be used to measure the interviewee's positive or negative thinking, feeling or action tendencies to critical concepts or activities the scale has either positive or negative value points and no neutral point. The choice of Semantic Differential method is also made on the same ground that we are here to use a test rather than develop a test.

The attitude test is expected to measure the attitude of the same group of subjects i.e. the UHFPO, UFPO and MOs - all concerned with family planning activities. The method used is semantic differential. The test has four categories of components -

- i) The population to be affected by family planning practice **that is men, women and children,**
- ii) The family planning media and material viz male and female sterilisation, coil, tablet, condom,
- iii) The human agent involved in family planning operation and
- iv) Control concepts not directly concerned with family planning **which** but/are important health related factors, and as such have indirect influence on family planning practice. The test had in all 16 elements that fall in the above mentioned 4 categories. The elements were contained in an instrument. The attitude test instrument was **developed and field tested.** The instrument also had clearly spelled instruction, the illustrative one may be gleaned as follows :

There is a measurement scale below to determine your attitude towards some concept, things or activities. You will find two contradictory adjectives at each end of the scale. Your attitude toward the concept may lie at either extreme or somewhere in between the scale points. There are six such scale points. For example, you are given a lemonade to drink. You are to grade it accordingly

to its taste, colour, good or bad, etc. Let us use just one scale good and bad. The scale below is such that good is placed at the extreme left and bad ^{is} at the extreme right. Of course, it could be otherwise also that ^{is} bad at the extreme left and good at the extreme right. Now there are six boxes from one end to the other. The distance from one end like good end or bad end shown less and less good or bad. Thus the extreme good will be at the first box at the good end, a little less good at the second box and bare good at the 3rd box. Similarly extreme bad at the box next to bad end, less bad to second box from bad end and barely bad at the third box from bad end. The boxes ~~were~~ not be numbered in the test scale. Now each concept or act will have to be judged by several such scales placed one below the other. Please put a ✓ mark on the scale point you consider appropriate for the concept under consideration.



5.5 Attitude Test Result and Analysis

Each of the test items has one positive and one negative end. Again the positive or negative end has ^athree-step evaluation provision. The first step means the highest choice in favour or against and ^{is} scored as three. The next step ^{is} middle choice for or against and value as number 2 (two) and the further most step is the least step choice for or against and valued as no. 1. The subject has to tick in each category at any one step. Thus the positive or negative values in each category are numerically evaluated and added to make one cumulative score for each item. The result is then calculated for 150 subjects. The 4 category items are then compared within ^{each} group with relevant item mean value. Then "t" tests are run to compare the significant differences between item means. In all 19 t-tests have been run.

In the first category the choice among man, women and children have been tested. It is found that the difference in choice between men and women is not at all significant, the t value being 0.3425 only with 149 d.f.

The children are on the whole favoured although the difference between men and children is not significant, t-value being 1.1921. The difference between women and children is also not significant, t-value being 1.4489, these comes to .1 level of significance point. In the 2nd category the choice for male & female sterilisation is also not significant, the t-value being .1464. The choice for coil and tablet, coil and condom; tablet & condom are all not significant, the t-value being '4768, '2392 and '7008 respectively. This shows the sample group has little choice or concern for family planning method and elements. A look in the mean value for the items also reveal an air of indifference. All the mean values being within the range of 6.43 - 6.88. In this category of course, male and female sterilization have higher mean values, being 7.99 and 7.89. But when the question of material and procedure for this sterilization comes, the family planning and mean value drops to a lower level. This lack of interest personnel lose interest will be starting and more vivid when we came to analyse for 3rd category: the attitude towards family planning personnel. Here, the mean score for the concept doctor is the highest, the group mean is 9.1. The comparison between doctor with all other personnel shows a highly significant difference. The level of significance is .0005 for doctor and family planning officer, and for doctor and family planning assistant; it is .025 for doctor and nurse, all in favour of doctor. Even the difference between nurse and family planning assistant is significant at .01 level. The difference between nurse and family planning officer is not significant; it is only at .1 level. The difference between family planning officer and assistant is also not significant. This shows a high inclination towards doctors and medical professionals and a disrespect or unfavourable attitude towards family planning personnel.

The signifies an unhealthy concern for one's own profession or disregard for what others can do or contribute.

The training programme should give due weight to this factor and include elements in training programme so that a team spirit develops and each member in the team can contribute to his or her best for same single goal of the programme.

The fourth category control elements also shows meaningful positive or negative attitude towards four health related factors viz air pollution, sanitation, nutrition and pure water. The society, at least our health related educated sample group are expected to be informed about all these factors. The result shows a negative mean value for air pollution. In fact, in our country practically nothing has been done to control air pollution and a negative value is only natural. The people and government are more concerned with pure water supply and mean for pure water is 8.58, the next highest score after doctor. Now a days, some concern is noticed for nutrition and mean for nutrition is also relatively higher and difference between pure water and nutrition is not significant. The condition for sanitation & sewerage is also deplorable and mean value for this concept is only 3.98. The differences between air pollution and sanitation, air pollution & nutrition, air pollution and pure water, sanitation and pure water are all significant at .0005 level and between sanitation and nutrition is .005 level of significance. This further shows that the attitude tests we used are reliable and useful to study attitude and determine our training needs.

	S^2	\bar{X}	Concept groups compared	t-value	Level of significance
Female	15.95	7.02	Female - Male	.3425	not sig.
			Female - Children	1.4489	at .1
Male	12.23	7.22	Male-Children	1.1921	Not sig.
Children	13.62	7.92			
Ligation	14.23	7.89	Male Ligation-Female ligation	.1464	Not sig.
Vasectomy	20.73	7.99			
Coil	14.13	6.58	Coil-oral	.4768	Not sig.
			Coil-Condom	.2392	Not sig.
Oral pil	15.56	6.88	Oral-Condom	.7008	Not sig.
Condom	15.36	6.43			
Family Planning assistant	30.48	6.00	FP Assistant vs Nurse	2.326	Sig. at .01
			FP Assistant-FP Officer	.8033	
Nurse	15.42	6.82	FP Assist.-Doctor	4.206	Sig. at .0005
			Nurse-FP Officer	1.636	Sig. at .1
Family Planning Officer	21.69	6.67	Nurse-Doctor	2.187	Sig. at .025
			FP Officer-Doctor	3.723	Sig. at .0005
Doctor	10.26	9.10			
Environmental Pollution	59.05	-4.18	Air Pollution sanitation	6.441	Sig. at .0005
			Air Pollution Nutrition	9.567	Sig. at .0005
Sanitation	61.31	3.98	Pollusion-Pure water	11.928	Sig. at .0005
			Sanitation-nutrition	2.6847	Sig. at .0005
Nutrition	47.25	7.21	Sanitation-Pure water	4.2447	Sig. at .0005
			Nutrition-Pure water	1.379	Sig. at .1
Pure water	26.77	8.58			

Table 5.2 : Strength of Attitude for different Concept of Attitude test alongwith t-values

5.6 Implications of the Tests

The findings of the personality inventory used on the sample group does indicate that the test can be gainfully utilized for identifying individual problems and potentialities of Upazilla level officials and make special provision in the training programme to help the trainers overcome their problems and realize their potentialities. This, in turn, would help Upazilla officials to take more assertive decisions and action programme with greater certainty and vigour.

The attitude test is also found to be specially useful for pre-training test on critical items. This could be used to measure the Upazilla officials existing attitudes. The findings may serve as the guideline for developing training curricula to make up for any existing attitudinal deficiency that may hamper implementation of the family planning programme and also to boost up their already existing positive values to build them up as successful implementors of the national family planning programme. The reapplication of the test after training will further help as measuring stick to determine any change or improvement achieved through training and suggest further refinement in the training programme.

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1. Wood Worth, R.S. Experimental Psychology, New York, Holt, Rinehart and Winston, 1938
2. Taylor J. A. A Personality Scale of Manifest Anxiety, Journal of Abnormal and Social Psychology, 1953, 48, pp 285-290

6. Personal Information Records

6.1 Background

One of the objectives of the present study was to assess the training needs of the officials by analysing their backgrounds in terms of education, specialization, training institutions attended, experience and related matter and compare it with their actual job demand. Although interview and desk audit methods were utilised to collect detailed data on the backgrounds of the incumbents from sample upazillas, the Personal Information Record was used to collect data from the incumbents of all the Upazillas of Bangladesh. As a self-contained method this was expected to provide a complete inventory of background of all the Upazilla level health and family planning officials in rural Bangladesh.

6.2 Methodology

The instrument which was in the form of a questionnaire was developed in the light of the data requirement of the study and was reviewed by the researchers. The instrument was pretested at the level of two UHFPOs, one UFPO and two MOs of Savar and Dhamrai health complexes of Dhaka district. The pretest results were considered carefully by the researchers and the instrument was finalized after incorporating the relevant aspects of the test results. The variables included were as follows :

- Education
- Specialisation
- Training
- Participation in seminar, conference
- Experience
- Further training need
- Training areas

The instrument was then mailed to the concerned officials with cover letters from D.G.(Health), D.G.(Population Control), and the Project Director of the study with a request to return the completed forms at the earliest possible date. Responses were sought from four hundred respondents from each category of officials. Responses were received from 160 UHFPOs, 120 UFPOs and 503 MOs. The percentage return of the mailed questionnaires was low, but of substantial size to permit reasonable conclusions. Collected data were analysed along a number of dimensions including training, and by subject, duration of involvement, and method and familiarity with subjects. Cross tabulation was attempted between past training and training need, familiarity with subject and educational background, work experience and further training need. In-depth analysis was made on each item such as workshops and seminars, and training already attended by participants.

6.3 Profile of the Upazilla Health and Family Planning Officials(UHFPO)

A. Highest Educational Attainment and Specialization

Most of the responding UHFPOs have MBBS degree and only one respondent is a LMF degree holder. Majority of the UHFPOs have specialization in medicine (32%) and surgery (24%). Only 5% have specialization in pathology and 3% have anatomy as their subject of specialisation. Another 4% reported obstetrics and just 1% reported midwifery as the subjects of their specialization. Thus qualification-wise, the UHFPOs have professional degree from medical colleges and they are mostly medical doctors.

B. Seminars, Conferences and Workshops Attended

Only about 7 percent reported ever having attended any seminar, conference or workshop on management or administration. Most attended seminar/conference of 2 to 3 days duration and only one person attended a one day seminar. Only 4% of the respondents attended seminars on MCH varying from one to 3 days. About 3 percent attended seminars or conference on nutrition. Another 4% of the UHFPOs attended such meetings on sterilization, with duration of 7 days. Nearly 57% of the respondents attended some other seminars. Among them, 30% participated in seminars/workshops lasting over one week and 13% spent about one week. Twenty six percent attended seminar/conference of 3 to 5 days duration and 18% of 2-3 days duration. Thus, 74% of the respondents have attended seminar, conference or workshop of one form or the other. The analysis shows that exposure of the participants to management or administration through seminar or conferences is rather inadequate. In general their exposure has been limited to their professional disciplines. Data on seminars, conferences or workshops attended are presented in Table 6.1.

Subjects	One day		2 - 3 days		4 - 5 days		One week		Over one week		N =
	f	%	f	%	f	%	f	%	f	%	
Management/ Administration	1	9	10	91	-	-	-	-	-	-	(11)
MCH	3	50	3	50	-	-	-	-	-	-	(6)
Nutrition	-	-	4	100	-	-	-	-	-	-	(4)
Sterilization	-	-	-	-	-	-	7	100	-	-	(7)
Others	12	13	16	18	24	26	12	13	27	30	(91)

Table 6.1 - Seminar/Conference/Workshop attended by UHFPOs by subjects and duration.

Eighty three percent of the respondents could specify the location of the seminar or conference and out of them 98% attended such programmes in the country and only one has attended a programme outside the country.

C. Training

The officials were requested to report on the formal training they have received by subjects, duration, institution and location. The objective was to assess the opportunity they were able to avail to enhance their skill through training. Table 6.2 presents data on training attended by subject and duration.

SUBJECT	D U R A T I O N																N =		
	1-3		3-6		1 week		2 weeks		3-4		1 month		2-3		3-6			Over 6	
	days		days						weeks				months		months			months	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%		f	%
Management/ Administration	-	-	2	4	4	8	29	54	8	15	6	11	4	8	-	-	-	-	53(100)
MCH	-	-	-	-	-	-	6	67	1	11	-	-	-	-	-	-	2	22	9(100)
Nutrition	-	-	-	-	5	62	1	13	2	25	-	-	-	-	-	-	-	-	8(100)
Sterili- zation	-	-	-	-	13	24	10	19	27	50	4	7	-	-	-	-	-	-	54(100)
MR	-	-	1	11	3	33	5	56	-	-	-	-	-	-	-	-	-	-	9(100)
Others	4	4	18	19	16	17	14	14	20	20	17	17	5	5	1	1	6	6	102(100)

Table 6.2 - Training received by UHFPOs by subject and duration.

Thirty three percent of the respondents had undergone training in management or administration. Out of them 54% attended training programme of two weeks duration. Another 15% attended 3 to 4 weeks of training while 11% attended one month training in management or administration. There were some who attended 2 to 3 months training and they represented 8% of those who attended any management workshop. Only 12% who attended such training went through a duration of one week or less. About 6% received training in MCH. The duration of training in MCH varied from 2 weeks, 3 to 4 weeks to over six months.

Out of the respondents who attended training in nutrition, 62% attended it for a week, 25% for 3 to 4 weeks and 13% for two weeks, compared to the small number of personnel attending training in MCH and nutrition, 34% of the UHFPOs attended training in sterilization of varying duration; but 50% of them attended such programme for 3 to 4 weeks. Another 24% attended a one week training course and 19% attended courses of 2 weeks duration. Only 7% underwent training in sterilization for a month. Only 6% of the respondents attended training in MR and most of them attended it for 2 weeks.

Sixty four percent of the respondents attended training in various other subjects with duration from 1 to 3 days to over 6 months. Of them 20% attended 3 to 4 week programmes; 17% attended one month programmes and 6% attended programme for over 6 months. About 39% went for training for a period of one week or less.

The sponsors of the training included as many as 19 organizations. Out of these, 14% of the respondents attended training at ICDDR, 12% at NIPORT, 12% at BARD, 11% at IBA and 10% at NIPSOM. The share of other institutions is very low e.g. COTA 7%, DMCH 5%, BAVS 3%. Most training institutions are located in the country.

The list indicates predominance of medical institutions as the training sponsors with subjects relevant to further professionalization of the respondents background. Their administrative orientation under the circumstances would seem to be inadequate. Since UHFPOs are now playing the role of a manager of the health complex, it also points to the need for their training in management.

D. Work Experience

The analysis of work experiences record presented in Table 6.3 shows that 67% of the respondents had 6 to 10 years of work experience and only 1% had more than 25 years of experience. In between these, 11% had 11-15 years experience. 3% had 16-20 years and 5% had 21-25 years of experience. Thus 20% had experience of over 10 years. The proportion of UHFPOs having 4 to 5 years of experience was 11% and only 2% had experience of less than 4 years. The analysis shows that most of the UHFPOs are quite experienced.

<u>Period</u>	<u>f</u>	<u>%</u>
Up to 1 year	1	1
1-3 years	1	1
4-5 years	18	11
6-10 years	103	67
11-15 years	18	11
16-20 years	4	3
21-25 years	7	5
Above 25 years	2	1
N = 154		100

The respondents were asked to indicate the different posts they held during their service life. The purpose was to gain an insight into their career patterns. Thirty two percent of the responding UHFPOs served as Assistant Surgeon, 33% as Medical Officers and 42% as UHFPOs. Only one person served as Lecturer and another as Civil Surgeon. The analysis clearly indicates that the UHFPOs were engaged in medical profession throughout their service life. The respondents were also asked to provide the names of the organizations where they served during their service life. Sixty eight percent served in Directorate of Health, 29% in Ministry of Health and Population Control and only 3% served in Directorate of Population Control. Thus, majority of the UHFPOs hail from health services.

E. Training Need

Since this study purported to assess the training needs of the health and family planning officials, they were requested to point out training needs by subject area, duration and preferred institutions for training. Data on the subject and duration of training are given in Table 6.4.

Fifty three percent of the respondents who felt the need for training in management/administration, 30% opined that such training should be for a month. Another 27% felt that the training should be for 2 to 4 weeks while 14% pointed out that it should be for 1 to 2 weeks. Thus majority (57%) of respondents felt that the duration for management training should be within a range of 2 weeks to a month.

SUBJECT	D U R A T I O N																N =
	Less than 1 week		1 week		1-2 weeks		2-4 weeks		1 month		1-3 months		3-6 months		Over 6 months		
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Management/ Administration	1	1	1	1	12	14	23	27	25	30	12	15	8	10	2	2	84
MCH	-	-	5	7	4	6	14	20	22	32	13	19	8	12	3	4	69
Nutrition	3	4	7	9	11	15	14	19	15	20	11	16	7	9	6	8	74
Budgeting	-	-	-	-	22	33	15	22	16	24	14	21	-	-	-	-	67
Auditing	-	-	-	-	-	-	8	50	3	19	5	31	-	-	-	-	16
Others	-	-	6	19	8	24	2	6	8	24	7	21	1	3	1	3	33

of

Table 6.4 - Training Need/UHFPOs by subjects and duration.

Forty three percent of the respondents felt the need for training in MCH and out of them 32% were in favour of a month long training. Another 20% favoured a duration of 2 to 4 weeks, while 19% preferred a duration of 1 to 3 months. Only 4% wanted the duration to be over 6 months and 12% wanted it for 3 to 5 months. Once again, majority (52%) were in favour of a duration of 2 weeks to a month.

The percentage of those who wanted training in nutrition was 46 and out of them 19% wanted the duration to be 2 to 4 weeks, 20% a month and 16% one to 3 months. Those who favoured a duration of 1 to 2 weeks were 15%, 1 week 9% and less than a week 4%. Majority (67%) of UHFPOs favoured a duration of a month or less for training in Nutrition.

Forty two percent of the UHFPOs felt the need for training in budgeting. The desired duration of training varied. Twenty four percent desired it for a month, 21% for 1 to 3 months, 22% for 2 to 4 weeks and 33% for 1 to 2 weeks. Thus, 55% of the respondents wanted the training for 4 weeks or less, in budgeting.

The UHFPOs are responsible for maintaining accounting records by following the financial and other rules of the government. The accounting records are audited by government auditors and 10% of the UHFPOs felt that they should have some training in auditing so that they could meet the audit enquiries. Out of them, 50% felt that the duration of training in auditing should be 2 to 4 weeks while 19% felt a need for 1 month's training and yet another 31% for 1 to 3 months. Only 21% of the respondents looked for training in various other subject areas and 55% of them looked for it for a period of 1 week to 1 month.

Ninety two percent of the respondents mentioned the names of institutions where they would like to have training. Out of 13 institutions that came up in the list of suggested institutions, NIPORT was preferred by 26% of the respondents, NIPSOM by 16%, IBA by 10%, COTA by 10%, IPGMR by 10% and NIPA by 5%. Names and scores of the suggested institutions are presented in Table 6.5.

Institution	f	%
1. NIPORT	38	26
2. NIPSOM	23	16
3. COTA	14	10
4. IPGMR	15	10
5. IPHN	4	3
6. Medical College Hospital	4	3
7. ICDDRB	5	3
8. IBA, D.U.	14	10
9. IFNS	6	4
10. NIPA	7	5
11. EMDC	1	*
12. BARD	2	1
13. AGB	1	*
14. Any National level Training Institute	3	2
15. Institute abroad	10	7

N = 147
* Less than 1%

Table 6.5 - Training Institution preferred by UHFPOs.

The respondents were also asked to point out the methods of training they preferred. The data indicate that some of the respondents preferred more than one method. Although lecture is considered by some as less effective in imparting training, 30% of the respondents preferred it. The preferences for other methods were in the following order :

Workshop, case study, field visit, filmshow, and role play. Thus majority (53%) of the respondents preferred lecture and workshop methods of training.

Method	f	%
Lecture	113	30
Workshop	85	23
Filmshow	46	12
Case Study	61	17
Role Play	10	3
Field visit	57	15

Table 6.6 - Training method preference of the UHFPOs.

F. Subject Familiarity

The respondents were asked to indicate the degree of their familiarity with a few subjects on a scale ranging from not at all familiar (0) to thoroughly familiar (5). The respondents were free to assign values on as many as 12 subjects such as behavioural science, accounting, finance, economics, communication statistics, personnel management, office management, demography etc. The data on this are presented in Table 6.7.

SUBJECTS	SCORES								N =
	0		1		2		3		
	f	%	f	%	f	%	f	%	
Behavioural Science	48	33	71	48	21	14	7	5	147
Accounting	52	33	61	39	34	22	9	6	156
Finance	43	27	66	41	42	26	8	5	159
Economics	59	37	69	44	25	16	5	3	158
Communication	59	38	55	36	33	21	8	5	155
Statistics	48	30	68	43	40	25	3	2	159
Personnel Management	36	23	45	28	53	34	24	15	158
Office Management	20	13	35	22	65	41	39	24	159
Marketing Management	93	60	44	29	17	11	0	0	154
Inventory Management	91	58	39	25	24	15	3	2	157
Principles of Management	61	40	58	38	32	21	3	2	154
Demography	77	50	60	38	17	11	2	1	156
Mean		37		36		22		8	1872

Table 6.7 - Degree of Familiarity of the UHFPOs with different subjects

It shows that on the average 37% of respondents were not familiar with any of the 12 subjects listed on the table and only 8% were thoroughly familiar with these subjects. Marketing management and inventory management were the least familiar subjects as 60% and 58% of the respondents respectively expressed having no familiarity with these two subjects and nobody was thoroughly familiar with marketing management. Compared to these two extremes, 36% of the respondents had some familiarity and 22% were quite familiar with the subjects. A higher proportion of the respondents had some familiarity with behavioural science (48%), Economics (44%), Statistics (43%) and Finance (21%). Nearly 41% were quite familiar and 25% were thoroughly familiar with office management. About 34% of the respondents were thoroughly familiar and 16% were quite familiar with personnel management. If we add the proportion of respondents having no familiarity with or having some familiarity in all the subjects they score more than 60%. This indicates that majority of the respondents have a need for training in social sciences and management.

6.4 Profile of Upazilla Family Planning Officer(UFPO)

A. Education & Specialisation

The educational background and specialisation of the UFPOs were obtained to identify their training needs. Sixty two percent of the responding UFPOs were graduates and 38% were post graduates. Degree wise 46% held Bachelor of Arts, 6% Bachelor of Science and 10% Bachelor of Commerce degrees. Of these having post graduate degrees, 29% were Master of Arts, 8% Master of Science and 1% Master of Commerce.

The subjects of specialization of the 36% Masters degree holders varied. Economics and History were predominant as 25% of them had specialization in Economics and 22% in History or Islamic History. Literature(17%) and Sociology (14%) were the next important areas of specialization followed by Political Science (11%). Only 3% had Management as their subject of specialization. The foregoing analysis indicates that although academic attainment of UFPOs was fairly good, the subjects of their specialization were much less compatible with their job demands which requires them to motivate, supervise and control office and field staff along with client motivation. Specialization in psychology, sociology, and management probably would have been more compatible.

B. Seminar, Conference or Workshop Attended

Only 11. of the respondents attended any seminar, conference or workshop on management/administration and out of them, 38% attended 1 day seminar and another 27% attended such seminars for over a week duration. The remaining 35% attended such meetings from 4 days to 1 week duration. Data on attendance in seminar, conference or workshop by subject and duration are presented in Table 6.8.

Only 2. of the UFPOs have attended a 2 to 3 day seminar on MCH. but 13. of them attended international family planning conference lasting one week or more. Out of 7. of the UFPOs who attended a seminar on population control, most attended it for one to three days. In all, 8. of the respondents attended seminar on health and family planning, 56% with a duration of 4 to 5 days and 22% for 2 to 3 days. The percentage of UFPOs who attended seminars or workshops on other subjects was only 11 and 39% of them attended it for 2-3 days. One day seminar was attended by 23% of the respondents. The foregoing analysis shows that a very small

proportion of respondents have attended seminars and conferences. Only 15% of the seminars attended by the respondents were held abroad and 85% were held within the country.

SUBJECTS	D U R A T I O N										
	1 day		2 - 3 days		4 - 5 days		1 week		Over 1 week		N =
	f	%	f	%	f	%	f	%	f	%	
Management/ Administra- tion	4	38	-	-	2	18	2	18	3	27	11
MCH	-	-	2	100	-	-	-	-	-	-	2
Popula- tion Control	3	43	3	43	-	-	-	-	1	14	7
Inter national F.P. Con- ference	-	-	-	-	-	-	3	19	13	81	16
Health & Family Planning	1	11	2	22	5	56	-	-	1	11	9
Others	3	23	5	39	1	8	2	15	2	15	13

Table 6.8 - Seminar/Conference/Workshop Attended by UFPOs by subjects and duration.

C. Training

Compared to the small number of UFPOs attending seminars, 73% of the UFPOs attended training in management of administration. Table 6.9 presents data on training by subject and duration. The duration of training attended by 49% of the respondent was 2 weeks and 21% attended 1 week duration. Only 10% attended training lasting 2 to 3 months.

A total of 31% attended training in MCH and out of them 57% attended one with duration of one to two weeks. Training in nutrition was attended by 17% of the respondents and 55% of them attended it for 1 to 2 weeks. But, 25% attended such training for 2 to 3 months. Thirteen percent of the respondents attended training in accounting and 56% attended it for 1 to 2 weeks. Such training, lasting for 3 to 6 months, was attended by 31% of respondents. Out of 9% of the respondents who attended training in budgeting, 73% attended it for 1 to 2 weeks. Twenty one percent of the respondents attended training in various other subjects mostly of 2 to 4 weeks duration. To summarize, compared to ~~UFPOs~~, UFPOs had more exposure through training to management, accounting, and budgeting which is compatible with their job requirements. However, since a major task of UFPOs is motivation, training in this area was quite lacking.

As many as 14 institutions offered training to the respondents and of these institutions NIPORT was attended by 53% respondents. Two Indonesian centres imparted training to 26% of the respondents. TCRI trained 6% of the respondents and CPMR, IBA, trained 4% of them. Other institutions which imparted training includes FWVTI, BARD, Health Complex, etc. As to location, 88% of these institutions were located in the country and 12% of them were located outside the country.

SUBJECTS	D U R A T I O N														N =						
	1 - 3 days		3 - 6 days		1 week		2 weeks		3 - 4 weeks		1 month		2 - 3 months			3 - 6 months		Over 6 months			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		f	%	f	%		
Management/ Administra- tion	-	-	-	-	21	24	49	56	7	8	1	1	10	11	-	-	-	-	-	-	88
MCH	-	-	6	16	12	33	9	24	2	5	1	3	7	19	-	-	-	-	-	-	37
Nutrition	-	-	2	10	6	30	5	25	2	10	-	-	5	25	-	-	-	-	-	-	20
Accounting	-	-	-	-	4	25	5	31	2	13	-	-	5	31	-	-	-	-	-	-	16
Budgeting	-	-	-	-	3	27	5	46	3	27	-	-	-	-	-	-	-	-	-	-	11
Others	-	-	1	4	4	16	9	36	6	24	1	4	2	8	1	4	1	4	1	4	25

Table 6.9 - Training received by UFPOs by subjects and duration.

D. Work Experience

Data on the work experience by period served are presented in Table 6.10. It shows that 45% of the UFPOs had 15 to 20 years of experience, 7% had 20-25 years and only 2% had experience over 25 years. The proportion of respondents with 5-10 years experience was 15% and that of 3-5 years was 10%. It may be said that most of the respondents have fairly long work experience.

<u>Period</u>	<u>f</u>	<u>%</u>
Upto 1 year	1	1
1-3 years	7	6
3-5 years	11	10
5-10 years	16	15
10-15 years	12	11
15-20 years	53	48
20-25 years	8	7
Above 25 years	2	2
N = 110		

Table 6.10 - Work experience of UFPOs by period served

An analysis of work experience by the type of posts held indicates that 81% of the responding UFPOs have served in the same post. Others have served as Assistant Director, Teacher, SFFPO, Programme Officer, etc. Most of them have however, consistent career pattern. Out of the 85 respondents, 99% have served in Directorate or Division of Population control.

E. Training Needs

Data on the training need by duration and subject areas are presented in Table 6.11. In all 66% of the respondents felt the need for training in management/administration. The desired duration of the training was 1 to 2 weeks by 20%, 2 to 4 weeks by 18% and one month by 14%. Thirty seven percent sought training in MCH and another 20% in nutrition. The preferred duration of training in MCH is 1 to 2 weeks by 40% and 1 week by 20% of the respondents. Training in auditing was looked for by 28% and 35% of them wanted a duration of 1 to 2 weeks. Thirty five percent felt the need for training in budgeting and 0% wanted it for 1 to 2 weeks. Only 12% asked for training in accounting, 7% in demography and 13% in other subjects. Most of the ^{respondent} wanted each of these to have a duration of 1 to 2 weeks. It seems that most commonly desired duration of training in any subject is 1 to 2 weeks.

SUBJECTS	D U R A T I O N																N =
	Less than 1 week		1 - 2 weeks		2 - 4 weeks		1 month		1 - 3 months		3 - 6 months		Over 6 months				
	f	%	f	%	f	%	f	%	f	%	f	%	f	%			
Management/ Administra- tion	3	4	15	19	16	20	14	18	11	14	9	10	4	5	8	10	80
MCH	1	2	9	20	17	40	5	11	4	9	2	5	1	2	5	11	44
Nutrition	-	-	6	25	7	29	2	8	6	25	-	-	-	-	3	13	24
Auditing	-	-	14	42	12	37	-	-	3	9	4	12	-	-	-	-	33
Budgeting	1	2	10	24	15	36	3	7	6	14	5	12	-	-	2	5	42
Accounting	-	-	6	43	6	43	-	-	-	1	7	-	-	-	1	7	14
Demography	-	-	2	25	6	75	0	-	-	-	-	-	-	-	-	-	8
Others	-	-	4	27	2	13	2	13	1	7	1	7	3	20	2	13	15

Table 6.11 - Training Need of VFPOs by subjects and duration.

As regards institution preferred for training, 41% was for NIPORT; 3% for CPMR, 6% for COTA, and 5% for NIPA. Sixteen per cent respondents preferred institutions located abroad. Data on preferred training institutions are shown in Table 6.12.

Institution	f	%
NIPORT	48	41
NIPA	6	5
BARD	2	2
COTA	7	6
CPMR	4	3
IPHN	1	1
ICDDR	1	1
ISRT	2	2
NIPSOM	5	4
NO PREFERENCE	9	8
IBA,DU.	15	13
BMDC	1	1
FOREIGN INSTITUTIONS	16	14

Table 6.12 - Training Institution preferred by UFPOs.

Lecture followed by field visit, case study, and workshop were the more preferred methods of training. Film show and role play were preferred by only 7% and 8% respectively. Training methods preference data of the UFPOs are presented in Table 6.13.

Method	f	%
Lecture	82	29
Workshop	48	17
Filmshow	23	8
Case Study	49	17
Field Visit	61	21
Role Play	20	7
Others	3	1
N = 286		

Table 6.13 - Training method preference of UFPOs.

F. Familiarity with subjects

The UFPOs were requested to score on the subject familiarity on 4 point scales as in case of UHFPOs. The scores are presented in Table 6.14. It shows that 52% of the respondents were not at all familiar with marketing management; 37% and 36% were not familiar respectively with behavioural science and inventory management and 34% were not familiar with demography. But 39% of them were quite familiar and 50% were thoroughly familiar with office management and 28% were thoroughly familiar with personnel management. Economics was quite familiar to 54% and communication to 40% respondents. On the average, 22% were not at all familiar with any of the listed 12 subjects and on the average 30% had some familiarity with the subjects. Together, these two groups compose slightly more than half of the total respondents who would need training in these subjects, with the exception of accounting, office management, economics and probably personnel management.

Subjects	Scale								N =
	0		1		2		3		
	f	%	f	%	f	%	f	%	
Behavioural Science (Sociology & Psychology)	40	37	34	32	24	23	8	8	106
Accounting	3	3	31	32	48	49	16	16	98
Finance	19	17	41	36	43	37	12	11	115
Economics	17	14	19	16	66	54	20	16	122
Communication	19	17	34	31	44	40	13	12	110
Statistics	20	16	52	42	45	37	6	5	123
Personnel Management	9	7	32	26	47	38	35	28	123
Office Management	4	3	10	8	48	39	61	50	123
Marketing Management	60	52	32	28	17	15	7	6	116
Inventory Management	44	36	42	34	33	27	3	2	122
Principles of management	36	29	47	38	35	28	7	6	125
Demography	41	34	47	39	31	26	2		121
Mean		22		30		34		14	

Table 6.14 - Degree of familiarity of UFPOs with subjects

6.5 Profile of Medical Officer (MO)

A. Education and Specialization

Responses were received on the educational backgrounds of 503 medical officers. All of them except one had an MBBS degree. The other one was LMP. Regarding specialization, 876 responses were received from 503 medical officers indicating that some of them have specialization in more than one subjects. Medicine was the subject of specialization of 30% of the respondents and the same percentage indicated specialization in surgery. About 21 per cent specialised in gynaecology and 6% in obstetrics. Next in order was pathology (6%) and midwifery (4%). Thus the medical officers seem to have the professional degree and necessary specialization needed for working in a health complex.

B. Seminar, Conference and Workshop attended

As to exposure to management/administration through seminars, conferences, and workshops ("SC"), only 2% of the medical officers could attend such meetings. The duration of seminar attended was over one week in case of 50% respondents and one day for the other 50% respondents. Only one M.O. has attended a seminar on MCH but 7 attended seminar on nutrition. Out of 14 respondents who attended any seminar on sterilization, 43% attended it for a day; 22% for 2 to 3 days and 21% for a week. Twenty two percent of the respondents attended seminars on other subjects and 30% of them attended one day seminars. Another 25% attended seminars for 2 to 3 days and 21% attended seminars for 4 to 5 days. Data on the duration and subject of seminar, conference and workshop attended are presented in Table 6.15. All the seminars attended were held in the country. The analysis shows that exposure of the medical officers to management, MCH, nutrition or sterilization through seminars was very limited.

Subject	Duration										N =
	1 day		2 - 3 days		4 - 5 days		1 week		Over 1 week		
	f	%	f	%	f	%	f	%	f	%	
Management/ Adminis- tration	4	50	-	-	-	-	-	-	4	50	8
MCH	1	100	-	-	-	-	-	-	-	-	1
Nutrition	3	43	1	14	1	14	-	-	2	29	7
Steriliza- tion	5	43	3	22	-	-	3	21	2	14	14
Others	33	30	27	25	23	21	15	14	11	10	109

Table 6.15 - Seminar/Conference/Workshop attended by MOs by subject and duration

C. Training

Five percent of the respondents had received training on management or administration and 88% of them attended the training for 1 to 2 weeks. In all 6% MOs had training in MCH and the duration of such training was 3-6 days for 41% respondents, 2 weeks for 44% and 3 to 4 weeks for 15% of the respondents. Only 2% MOs underwent training in nutrition but 59% of them received training in sterilization for 3 to 4 weeks and 14% for 2 weeks. Sixteen percent of the respondents had training in MR and 83% of the respondents attended 2 weeks programme.

Training in other subjects was attended by 16% respondents and 38% attended training over 6 months, although another 20% attended it for a week. Data on training by subject and duration are presented in Table 6.16.

SUBJECTS	D U R A T I O N														N =				
	1-3		3-6		1 week		2 weeks		3-4 weeks		1 month		2-3 months			3-6 months		Over 6 months	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		f	%	f	%
Management/ Administra- tion	1	4	-	-	10	40	12	48	1	4	1	4	-	-	-	-	-	-	25
MCH	-	-	11	41	-	-	12	44	4	15	3	-	-	-	-	-	-	-	27
Nutrition	2	25	-	-	2	25	3	38	-	-	-	-	1	13	-	-	-	-	8
Sterilization-	-	-	2	1	9	6	20	14	102	69	7	5	3	2	3	2	1	1	147
MR	-	-	2	2	2	2	67	83	4	5	3	4	1	1	1	1	1	1	81
Others	3	4	13	16	16	20	4	5	4	5	4	5	2	2	4	5	30	38	80

Table 6.16 - Training received by MOs by subject areas and duration

Majority of the respondents attended training in Medical College Hospitals followed by BAVS, Model Family Planning Clinic, ICDDRDB, NIFORT etc. All these training institutions except one are located in the country. The institution outside Bangladesh was in Indonesia. To summarise, a good number of medical officers has received training in sterilization and MR; but very few of them had training in nutrition, management or behavioural and social science which are vitally important for working in the health and family planning programme.

D. Work Experience

Data on work experience in terms of the period served are presented in Table 6.17. It shows that 65% of the respondents had only 1 to 3 years experience and another 26% had 3-5 years experience. This reveals that medical officers are relatively fresh compared to UHFPO or UHFO.

Ninety percent of the MOs recorded work experience by organization and 63% of them were in Bangladesh Health Services. The remaining officers were in population control division or directorate. Thus, the medical officers have been serving either health or population control organizations.

E. Training Need

Forty eight percent of the respondents felt the need for training in management or administration and 56% wanted it for a duration of 7 days to a month. Another 19% wanted it for 1 to 2 months and still 8% wanted the training for 5 to 6 months. Out of 63% MOs who wanted training in MCH, 47% wanted it for a period of 1 week to 1 month and 11% for 5 to 6 months. Almost ^{the} same number desired training in nutrition and 46% were in favour of a duration of one week to one month; 12% were in favour of a duration

of one month to two months, and 15% for 2-3 months. Sixteen percent of medical officers felt the need for training in budgeting and out of those 67% wanted the duration of such training for 7 days to a month. Another 17% felt that the duration should be 1 to 2 months. An almost equal number wanted to have training in auditing and 7% of them were inclined towards a duration of 1 week to 1 month. Only a small portion of medical officers desired training in sterilization and 64% favoured a duration of 1 week to a month. Some 14% of other respondents expressed their desire to have training in other subjects and the desired duration varied as 30% wanted it for 1 week to 1 month and 40% wanted training for 6 months and above. The data on subject and duration of training preference are presented in Table 6.18.

<u>Period</u>	<u>f</u>	<u>%</u>
Upto 1 year	17	3
1 - 3 years	324	65
3 - 5 years	131	26
5 - 10 years	18	4
10 - 15 years	6	1
15 - 20 years	-	-
20 - 25 years	3	1
Above 25 years	1	•

• Less than 1 percent

Table:6.17 - Work experience by MOs by period served.

SUBJECTS	D U R A T I O N														N =
	7 days- 1 month		1 - 2 months		2 - 3 months		3 - 4 months		5 - 6 months		6 month & above		Any duration		
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Management/ Administra- tion	134	56	46	19	20	8	4	2	18	8	12	5	5	2	239
MCH	149	47	39	12	25	8	2	1	34	11	61	19	7	2	317
Nutrition	145	46	38	12	48	15	4	1	38	12	39	12	6	2	318
Budgeting	54	67	14	17	6	7	1	1	1	1	1	1	4	5	81
Auditing	56	71	11	14	5	6	1	1	1	1	1	1	4	5	79
Steriliza- tion	9	64	4	29	1	7	-	-	-	-	-	-	-	-	14
Others	22	31	7	9	4	6	-	-	6	8	29	40	4	6	72

Table 6.18 - Training needs of MOs by subjects and duration

To summarize, many of the responding medical officers felt the need for training in management and administration but a larger majority wanted training in MCH and nutrition. As regards duration, 1 week to a month was the most favoured training period in almost all the subject areas.

The respondents provided a long list of 22 specific institutions preferred for training. These are presented in Table 6.19. The most preferred institution was NIPORT, followed by IBA, IPGMR, and NIPSOM. There was wide variation in the preference of training methods as is revealed in Table 6.20. About 30% preferred lecture followed by workshop, case study, field visit, and film show.

F. Familiarity with subjects

Data on the degree of familiarity of the medical officers with the different subjects listed in the information schedule are presented in Table 6.21. It is apparent from the table that on the average 53% medical officers were not at all familiar with the listed subjects. While 12% were quite familiar with the subjects, only 3% were thoroughly familiar. About 32% of the respondents had some familiarity with the subjects. The most unfamiliar subjects were inventory management, principles of management, marketing management; Accounting and Finance. Office management was familiar to a majority of medical officers. It should be mentioned however that the job of medical officers does not call for use of knowledge ~~covered~~ of the subject but as they advance in their positions they could be required to assume administrative positions which would demand knowledge of these subjects. It is therefore imperative that they are gradually trained in these subjects in a planned manner. Immediately, they should be made familiar with behavioural science, communication, personnel management, inventory management, principles of management and demography as these subjects have a direct bearing on the job they are now doing.

Institution	£	%
NIPORT	88	15
COTA	25	4
NIPA	17	3
IPGMR	56	10
ICDDRB	14	2
NIPSOM	7	1
BIRDEM	1	0
MEDICAL COLLEGE HOSPITAL	58	10
IPHN	30	7
ISRT	2	0
IBA, DU	80	14
SHISHU HOSPITAL	14	2
BAVS	5	1
BMDC	5	1
ABROAD	21	4
ANY TEACHING INSTITUTION	32	6
IFNS	36	6
MODESL		
IFNS FAMILY PLANNING CLINIC	4	1
DIABETIC HOSPITAL	1	0
PATC	1	0
INDIA/SRILANKA	1	0
N = 576		

Table 6.19 - Training Institution preferred by MOs

Method	f	%
Lecture	336	30
Workshop	222	20
Filmshow	124	11
Field visit	161	14
Case study	206	18
Role Play	44	4
Practice Training	18	2
Academic discussion	3	*
Others	11	1

N = 576

* less than 1%

Table 6.20 - Training method preference of MOs

SUBJECTS	SCALE								N =
	0		1		2		3		
	f	%	f	%	f	%	f	%	
Behavioural Science (Sociology & Social Psychology)	165	35	215	45	78	16	16	3	474
Accounting	301	63	13	29	35	7	5	84	477
Finance	231	60	118	31	29	7	7	2	385
Economics	187	48	147	38	47	12	16	2	387
Communication	189	50	123	33	50	13	14	4	376
Statistics	189	49	159	41	34	9	4	1	386
Personnel Management	167	43	120	31	76	19	27	7	390
Office Management	116	30	138	36	104	27	30	7	388
Marketing Management	253	66	86	22	33	9	13	3	385
Inventory Management	290	75	68	17	23	6	7	2	388
Principles of Management	253	66	97	26	24	6	8	2	382
Demography	188	49	137	36	53	14	4	1	382
	\bar{x}	53		\bar{x}	32		\bar{x}	12	

Table 6.21 - Degree of Familiarity of MOs with subjects

6.6 Implications

The findings of the analysis of personal information records contain important implications for assessing training needs of the Upazilla level officers and these are presented separately for each category of officers in the following sections :

A. Upazilla Health and Family Planning Officers(UHFPO)

All the sample UHFPOs underwent only professional graduate work the curriculum of which did not include any course on management or other discipline that is needed to perform the present job. Neither they had much exposure to these through seminars or formal training. So they had to pick up necessary knowledge and skill for their present job through trial and error in ^{the} work situation or by following their predecessors' practice. So it is no wonder that majority of them felt the need for management training more than in anything else. Of course, less than 50% felt the need for training in MCH and nutrition. But, again similar ~~proportion~~ need for training in budgeting, accounting and auditing. The implication is very clear. ~~There is~~ ^{there is} need for obtaining training in management, ~~budgeting~~ ^{budgeting} accounting etc. The subject familiarity analysis also supports the above conclusion.

B. Upazilla Family Planning Officers(UFPO)

Analysis of ^{the} education and specialization of the UFPOs implies that they lack background in the disciplines which would help them perform their job better. However, some of them have been able to overcome this limitation to a small extent by attending seminars, conferences and workshops relevant to their job responsibility. Yet formal training in management was of shorter duration and more than 60% feel the necessity of training in this subject. Analysis also implies the need for training in MCH and Nutrition.

C. Medical Officers

All the Medical Officers have education in medicine and surgery, and specialization in one of their professional areas. Like UHFPOs, they also did not have any course in their curriculum on client motivation or supervision. Almost none of them had exposure to management either through seminar or through formal training. Some of them have however ^{had} exposure through seminars to nutrition, sterilization and MR.

They have relatively a ~~short~~ short period of job experience and therefore they have not been able to develop their skill through a long period of on-the job training. So, it is no wonder that they want training in management, MCH, nutrition and budgeting and auditing. The high proportion of MOs (53%) being not familiar at all with the listed subjects would certainly feel the need for training in these areas ^{in order} to better dispense their job in connection with family planning. It implies that medical officers need to be trained in a number of areas such as management, MCH, Nutrition and ^{the} family planning programme.

7. Task Analysis

7.1 Background

The study objectives called for a through investigation and analysis of tasks and duties involved in the positions of Upazilla level officers of the MOHPC. Accordingly, task analysis for each of the officials positions was carried out.

In task analysis, major variables involved in the study were -

(a). Major task, (b) Measures, (c) Duties and (d) Conditions. Operationally these variables may be defined as follows :

- (a) Major tasks - The results of employee effort that are most closely related to the function of the job.
- (b) Measures - Describe the basis on which the employee's task performance is evaluated ;
- (c) Duties - Specific observable actions that the employee takes to accomplish tasks ;
- (d) Conditions - Conditions refer to those things which make performance of tasks and duties possible, easy or difficult, including necessary tools, forms etc.

Now, we can relate these variables from the point of view of the job of UHFPO as an illustration.

Major Tasks of UHFPO.

- Motivate clinic staff..
- Mobilize available resources
- Co-ordinate with related agencies

Task Measures of UHFPO

- Task : motivate clinic staff.

Measures :

- (a) number of acceptors recruited
- (b) number of positive actions revealed.

- Task: mobilize available resources

Measures :

- (a) number of employees newly recruited
- (b) amount of budget increases.

- Task : co-ordinate with related agencies.

Measures :

- (a) number of meetings held with other agencies
- (b) effectiveness of programme in organizing work.

- Task : motivate clinic staff

Duties :

- (a) hold frequent meetings with clinic staff
- (b) listen to problems clinic staff face
- (c) encourage clinic staff and field personnel to work hard.

Conditions of UHFPO -

- Task, motivate clinic staff.

Conditions :

- (a) promotion is limited to field workers. and clinical staff.
- (b) no incentive system.

Similar approach was taken to translate the tasks of other officials.

The task analysis method followed following steps :

1. Identifying the major tasks or functions of the official positions.

2. Identifying measures of performance for accomplishment of tasks.
3. Identifying the duties which the employee performs in order to complete the task.
4. Identifying the conditions under which the duties are performed, including the use of special equipment, forms etc.
5. Determining for each task identified, whether or not the incumbent is performing according to measures identified.
6. If a task is not being performed satisfactorily, examining the duties which the incumbent carried out to perform the task to see where performance discrepancies exist.
7. Stating the reason for performance discrepancy.
8. Describing if the discrepancy can best be attacked through training.

The input from task analysis was tallied with the existing job descriptions, to identify conflicting and incongruent tasks.

Data for the task analysis was collected from the official documents as well as through personal interviews of position incumbents in the field by trained investigators, by administering a semi-structured questionnaire. Data were collected from all the sample upazillas and analysed there upon. The Task analysis of different position follows :

7.2

Task Analysis of UHFPO

For all the sampled UHFPOs, briefing Upazilla Parishad about population policy, strategy and program constitute a prestigious task. This briefing is normally supposed to take place during the meeting of the coordination committee once a month. Table 7.1 in Annexure-II provides analysis of this task as performed by the UHFPOs disaggregated to the division level. In all 25 UHFPOs were interviewed of which one respondent did not provide the answer and has been categorised under non-response. Total number of briefing that took place during the last six months was set as the measure for this task. The incumbents were also asked to provide a target for this measure if they had any. There is no variation of duties among the respondents in all the four regions. So far, in respect of condition related to the task performed by the UHFPO's, 88% opined ^{them} to be favourable. Unfavourable condition were mentioned by only one respondent from Rajshahi region. Discrepancy in performance for this task was admitted by 40% of the respondent and 44% felt that no such discrepancy existed in their case. Specifically for this task, requirement of training was mentioned by only 20% of the respondents, and 40% rejected such idea while the rest 40% failed to respond.

Table 7.2 in Annexure II incorporates the major task of checking and supervising activities of clinical and pathological staff by the UHFPOs. Total number of such checks and actual supervision last month was adjudged to be the measure for the task. Number of respondent attaining target have been segregated from those who could not attain the target. In all 40% respondent could attain the target as opposed to 60% who failed to achieve. Duties involved in performing this task are more or less similar every where and unfavourable condition were mentioned by a single respondent from Rajshahi division. About 56% mentioned about discrepancy in performance as against 32% rejecting the idea.

Training need was stated by 36% respondents on this specific task. Table 7.3 in Annexure-II shows result of the analysis of the task of checking and verifying the expiry/^{date}of medicines kept in the stores of the health complex. On an average 1.1 cases of check per person last year was reported by the respondents. Those who responded stated similar duties performed by them and the conditions in which they work for this task was also mentioned as favourable by them (72%). Discrepancy in performances was mentioned by only 16% and 40% did not find any performance discrepancy. Only 1 respondent mentioned need for training on this specific task, 24% answered in the negative, while the majority 72% did not respond.

Table 7.4 in Annexure-II shows the outcome of the task analysis for the task of visiting outpatient and inpatient departments, health subcentres etc. On the basis of visiting inpatient and outpatient departments, this has been divided into four elements. The table under reference shows the analysis of the task on the basis of visit to inpatient departments in a given week. The target for this task have been achieved by 1 respondent from Rajshahi division, and 4 respondents from Khulna Division. Respondents from Dhaka and Chittagong division failed to provide answer on this. Duties in performing this major task are more or less similar as has been mentioned by most of the respondents (96%). About 92% of respondents stated that favourable condition prevailed in performance of this task. Quite a high (60%) percent mentioned about performance discrepancy. However requirement of training was felt by only 12% of the respondents, and 32% thought that training were not necessary, while 56% failed to respond.

Table 7.5 in Annexure II presents the analysis of the same task measured against visit to outpatient departments.

Table 7.6 measures against visit to health subcentres and Table 7.7 measures against visits to F.W.Cs. Whereas visits to

inpatient and outpatient departments were measured on an average weekly basis, the rests were counted on a six monthly basis. Table 7.8 in Annexure-II presents the analysis of the task of checking attendance in office and clinic. Percentage of regular attendance on an average stood at 89% . Duties related to this task are more or less similar in all the regions, and the conditions are also favourable. Performance discrepancy has been mentioned by about 64% respondent, 28% thought that no such discrepancy exist and percentage of non response is 8%. Only 16% stated that training is necessary in this specific task. Analysis of an indirect measure of the task in respect of average percentage of latecomers last month, indicates that 20% late comers were reported a month before the interview took place. Minimum percentage of latecomers(5%) was reported in Chittagong division and the maximum (29%) in Rajshahi division.

Table 7.9 in Annexure-II measures the task of maintaining personal files and administrative records by the UHFPOs. A plausible measure of the task is the average number of such administrative files/records kept by the incumbent, and their upto-dateness. The latter part being difficult to quantify, average number of files/records handled by the incumbent was ascertained to be the only measure for this task. The table shows an average of 97 such files/records kept by the UHFPOs. Respondents from Chittagong/and Khulna reported higher number of files and records maintained by them, while respondents from Rajshahi division mentioned the least number.

Most of the respondents(88%) mentioned similar duties related to this task as performed by them. About 80% respondent mentioned favourable condition in respect of this particular task. However, only one respondent from Rajshahi division mentioned about unfavourable condition in this task. Performance discrepancy was reported by 25% of the respondents, while 24% did not admit any

discrepancy in performance regarding this task. Training was solicited by 28% respondents and rejected by 20% while the rest (52%) declined to respond.

Table 7.10 in Annexure II provides analysis of the task of reviewing and passing T.A. bills by the UHFPO's. This task involves financial matters and demands careful scrutiny of the same. Measure for this task has been ascertained as the act of passing the bills in time on a regular basis. In about 54% cases, such firming and regularity have been reported. Highest percentage of regularity has been reported from Dhaka division (83%) and the lowest from Khulna (29%).

Excepting a stray case of dissimilar duty reported by a respondent in Rajshahi division, on the whole, similar duties are carried out in performing the task mentioned. Favourable conditions have been mentioned by 92% respondent while only one UHFPO from Rajshahi region reported about unfavourable condition in performing the said task.

Discrepancy in performance has been reported by 48% respondents and no discrepancy has been reported by 40% while 12% did not respond.

only one UHFPO from Dhaka region asked for training on this task while 36% said/^{there was}no need for training for this task. However, the majority of the respondents(60%) failed to respond.

Table 7.11 in Annexure II provides analysis of the task of authorising and sanctioning expenditure of fund for both health and family planning programmes. A common measure for this task as ascertained is average number of such authorization and sanctions made by the UHFPO last year.

Average number, in all the regions is 95 and respondents from Rajshahi division mentioned maximum authorization while respondents from Dhaka division mentioned minimum sanctions.

Similarity of duties involved has been reported by 92% of respondents. Favourable condition as perceived by 80% respondent is a positive sign so far/^{as} fund flow is concerned. Performance discrepancy has been reported by 56% respondent, no discrepancy by 32% and the rest did not reply.

Training in this task has been sought by only 4% respondent, 32% replied in the negative to the query of requirement of training in performing this task, whereas the large majority (64%) did not respond.

Analysis of the same task was measured against number of cases of fund utilization. On an average 76 cases of fund utilization have been reported in general. Maximum number of/^{fund} utilization has been reported by the respondents from Rajshahi (94) and minimum by the respondents from Khulna.

Tables 7.12 and 7.13 in Annexure-II provide analysis of the task of managing, administering and monitoring the upazilla health complex by the UHFPO. This being a complex task, a host of measures have been suggested such as :

- (a) Number of patients treated last year.
- (b) Number of Staff meetings held last year.
- (c) Supplying materials to staff in time and timely availability of medicines.
- (d) Neatness and cleanliness of the complex.
- (e) Regularity of white washing of the building and repairing of furniture.

One measure of the task is the average number of patients treated last month. As the table 7.12 shows, an average of 2720 patients have been treated last month which include both indoor and outdoor patients. Maximum number of patients treated was reported from Chittagong division (6162) and the minimum from Khulna (974).

More or less similar duties have been mentioned by most of the respondents (92%) on this task. About 84% of the respondents mentioned that a favourable condition prevail in performing this task. However a significantly high percentage of respondents (72%) admitted that performance discrepancy exist in this task, while 28% did not admit such discrepancy. However, nearly 16% respondents expressed their desire to receive training in this task, 28% expressed willingness, while 56% did not respond.

Table 7.13 incorporates analysis of the same task of UHFPO in respect of managing the health complex through the subordinates by holding regular staff meeting. On the average, three such meetings were held in the preceding month in all the regions. In Chittagong division, on an average, 4 meetings were held, while in Khulna only one such meeting was held.

Another measure against the same task of the UHFPO is the availability of medicines and other logistics support. About 63% of the respondents indicated timely availability of medicines. Major exception as per the findings is Khulna division, where only 14% respondents could obtain timely supply of medicine. The reasons could be official bottlenecks at the division and district levels.

Another measure of the same task relates to the question of neatness and cleanliness practiced in the health complex. Only 25% respondents maintained that the complex is kept neat and clean while 75% ^{replied in the negative}. Excessive pressure of patients both

indoor and outdoor and in sufficient number of cleaners were cited as reasons for the sorry state of affairs in the health complexes.

Analysis of responses of the UHFPOs regarding the regularity of white washing of the health complexes and polishing of furnitures indicates that only 19% on an average said that regularity in such measures are maintained while the large majority(81%) UHFPOs said that this was not the case. Almost all the UHFPOs of Chittagong division responded in the negative on this question.

Table 7.14 in Annexure II deals with the task of arranging allocation of upazilla target among field workers. This has been measured against ^{the} actual number of field workers assigned with health and family planning targets and the percentage of target assigned with the field workers.

On an average about 50 field workers were assigned with target as reported by the UHFPOs during ^{the} interview. ^{The} number of field workers assigned with target vary from as low as 40 in Khulna division to as high as 57 in Dhaka division.

Duties involved in performing this task were mentioned to be similar by all those who responded and the condition were stated to be favourable.

About 52% respondents maintained that performance discrepancy existed in this task; 16% disagreed and 32% did not reply. Only 8% respondents desired to undertake training on this task while 29% did not feel any necessity for train themselves to this. Analysis of the same task on the basis of average percentage of allocation of targets to the field force shows that ^{over} all 74% allocation of targets ^{were} mentioned by the UHFPOs, with a high of 81% in Rajshahi division and low of 67% in Dhaka division.

Analysis of the task of mobilizing all available resources is provided in Table 7.15 in Annexure-II. This task is measured against two aspects, one is, average number of vacant positions in the organization and the average percentage of fund utilization. Results show in all an average about 24 positions are lying vacant in each upazilla health complex.

Dissimilar duty has been reported by a number of respondents from Rajshahi division who also mentioned about unfavourable condition existing in the organization which hamper performance on this task. Performance discrepancy has been mentioned by 60% of respondents, however only one respondent solicited training in this task, and a large number declined to make any comment.

Average utilization rate of the funds allocated in the health complexes, shows an overall utilization rate of 94%, ranging from as low as 81% in Khulna to as high as 100% in Chittagong and Rajshahi divisions.

Table 7.16 in Annexure-II shows results of the analysis of the task of ensuring required IEM activities through the UFPO. Only 48% of UHFPOs responded to this query. Referring to the measure of satisfactory performance of the IEM activities, about 58% UHFPOs responded positively, while 42% responded in a negative way, meaning unsatisfactory performance in IEM related works in the sample upazillas. All the sampled UHFPOs in Khulna division mentioned about unsatisfactory performance of IEM activities.

About 48% respondent felt that they perform mostly similar duties in respect to the task, while one respondent from Rajshahi division felt differently. Those who responded, all of them spoke of favourable working condition in performing this particular task. Discrepancy in performance was acknowledged by 32% respondents ranging from the high of 43% in Khulna division to low of 20% in

Chittagong division. About 16% did not acknowledge any such gap while 52% gave no respond. Training required was mentioned by only 12% respondents.

Table 7.17 in Annexure-II deals with the task of ensuring supply and availability of MSR medicines, measured against contraceptive prevalence rate. Combining all the regions, average rate is reported to be 32% ranging from a low of 22% in Khulna to the high of 38% in Dhaka and Rajshahi. No dissimilarity in duties were reported and 52% respondent mentioned about favourable conditions for undertaking the above mentioned task. However, about 40% respondent acknowledged performance discrepancy in this particular task and 12% denied it. Training was solicited by 20% respondent on this specific task. Interestingly throughout the sample upazillas only 22 cases of non-availability of MSR medicines were reported in the preceeding year.

Table 7.18 in Annexure-II analysõs a very important task of the UHFPOs i.e. to ensure service delivery and motivate clients through the field worker. e.g. MA/S, F.P.As, F.W.As. etc. Bulk of the success of family planning program is dependent on how this task is performed by the UHFPOs. This task while measured against the number of acceptors of family planning methods appear in the table showing rate of success or failure achieved by the concerned UHFPOs in the month preceeding the interview. On an average 32 new acceptors were inducted in the service delivery programme in the previous month.

About 52% UHFPOs of the sample population maintained that they usually perform similar duties in order to perform the task mentioned above. Only one respondent from Rajshahi division mentioned otherwise. About 44% UHFPOs failed to respond to this question/ ^{of} those who choose to respond (all of them constituting 48% of the samples) spoke of favourable condition in respect of

this particular task. Discrepancy in performance, according to the table was admitted by 28% UHFPOs, 16% observed no discrepancy while the rest did not respond. Only 12% UHFPO felt that they need to be trained on this specific task in order to perform better. Table 7.19 in Annexures II analyses the same task measured against average number of field visits made by the field workers, in the month preceeding the interview. Average number of field visit last month per upazilla was 192. Maximum visit was reported from Chittagong division(265) and the minimum from Khulna division(157).

Table 7.20 in Annexure II shows the position of field visit of the UHFPOs in order to bolster service delivery and motivation activities in the month preceeding the interview. It appears that average visit in that month is 16 including the highest of 24 in Dhaka division and lowest of 10 in Khulna division.

Table 7.21 in Annexure II provides feedback on the task of ensuring follow up of the sterilization cases and other terminal methods adopted by the clientele. It appears that on an average 28 cases were followed up in the month preceeding the interview in each upazilla. Maximum cases of follow up was reported from Khulna division(35) and the minimum from Chittagong division(21).

About 68% respondents who comprised all those who responded to this particular question perceive duties performed by them in respect of this task is more or less uniform.

About 64% respondent thought that they were operating under favourable condition so far as this particular task is concerned. The performance discrepancy in respect of this task was admitted by 28% UHFPOs, 20% did not admit discrepancy, while 52% chose not to reply. Merely 8% respondent asked for training on this specific task.

Table 7.22 in Annexure II describes the task of reviewing performance and monitoring progress of works measured against number of action taken on the defaulters, within the time frame of last year. All the respondents spoke of action taken on this account. Barely 16% respondents admitted of discrepancy in performance, while less^{than} 8% asked for training on this task.

Table 7.23 in Annexure-II deals with the task of assessment of training needs and submitting proposals on training to the concerned civil surgeon, and deputy director of family planning for arranging such training.

On an average, about 4 such training needs could be assessed and identified by the UHFPOs last year. No response could be obtained from Rajshahi division and in Khulna division only one training need assessment was made by a lone respondent. Discrepancy in performance was admitted by 40% respondent and training was sought by 28% on this specific task.

Table 7.24 in Annexure II measures the same task on the basis of actual training proposals made by the UHFPOs in the previous year. As evident from the data, average number of such proposal is only 3 with no response from the UHFPOs from Rajshahi division and maximum proposals made^{were} by respondents from Khulna division.

Table 7.25 in Annexure II analyses the task of delimiting area of responsibility among the field workers and supervisory staff. On an average, 40 such personnel have been allocated with their area of responsibility. Those who responded usually spoke of similarity of duties in respect of this task, as well as favourable conditions so far as performing this specific task is concerned. Performance discrepancy was admitted by 36% UHFPOs and 16% asked for training on this task.

Table 7.26 in Annexure II deals with the task of assigning areas, ~~of connection~~ specifying responsibility for FWCs, health subcentres, sterilization centres for each ^{of MO.} This task was measured against total number of MOs receiving such clear assignment and instruction to take responsibility. The average as appears in the table for all the regions is 4 and, excepting Khulna, shows little regional dispersion. Discrepancy in performance was admitted by 32% UHFPOs and training was sought by 12% of them.

Table 7.27 in Annexure-II deals with the task of maintaining records and submitting necessary reports and returns to higher authority, measured against the criterion of availability of record in time and timely submission of report and return. The table provides the answer of the UHFPOs. About 75% respondents claimed to have submitted reports in time, while 25% admitted that they failed to submit reports in time. Similarity of duties has been mentioned by 88% respondents, and 80% agreed that favourable condition to perform this task prevail in the organization. Performance discrepancy was admitted by 32% UHFPOs while 24% of them solicited training on this specific task.

Table 7.28 in Annexure II deals with a major task of UHFPOs which involve his acquaintance with the problems and achievements of health and population control activities. This task was measured from six different angles. Accordingly this table has been replicated in six different form, each measured against a specific criterion of measurement. Specific measures include (a) number of meeting held with field workers in ^{the} month preceeding the interview (b) number of meetings with the Chairman and members of Union Parishad, (c) number of meeting with local influential leaders, (d) number of unions visited, (e) number of villages visited, and (f) number of times FWCs, health subcentres visited by the responding UHFPOs. The average number of meetings held last

month combining responses of UHFPOs belonging to all the four administrative regions is 6 with highest of 10 in Khulna and lowest of 3 in Dhaka. According to Table 7.29 in Annexure II the average number of meetings held with members and chairman of upazilla parishad is 5 with highest of 11 in Khulna and lowest of 1 in Chittagong.

Table 7.30 in Annexure II shows the total number of meetings held with local influential community leaders and the figure is 7 with a highest of 13 in Khulna and lowest of 1 each in Dhaka and Chittagong. Table 7.31 in Annexure II shows average number of union visited in the month preceeding the interview. The average no. of visit is 7 with a high of 10 visits in Rajshahi and low of 5 each in Dhaka and Chittagong. Table 7.32 in Annexure II focusses on the average number of villages visited last month by the UHFPOs. It comes to be an average of 22 including all the regions. Khulna region average is 41 as compared to 11 of Chittagong in the lower extreme.

Finally Table 7.33 in Annexure II shows average number of times FWCs, health sub-centres, and special camps visited by the UHFPOs last month. Combining responses of all regions, it comes to an average of 7 times, which includes the highest of 14 times in Rajshahi division and lowest of 3 times in Dhaka division.

Similarity of duties was mentioned by 96% respondents and about 80% UHFPOs maintained that favourable condition prevail, so far as accomplishment of this particular task is concerned. Performance discrepancy was admitted by 56% UHFPOs interviewed and training was sought by 36% of them.

7.3 Task Analysis of UFPO

Much of the success of the upazilla level family planning program is directly related to the performance of UFPOs. In fact they are

responsible for the family planning program activities. Analysis of the major tasks of UFPOs will enable the program planner to devise most suitable training package for them in order to achieve success in their job. Details findings of the task analysis of the sampled UFPOs in all the four administrative regions are presented below :

Table 7.34 in Annexure II analyses the task of assigning family planning targets to the individual field worker and supervisor. Average number of workers assigned with target appears to be 37 for all the sampled UFPOs. However when controlled for regions this average varies from as low as 23 in Chittagong to as high as 42 in Rajshahi.

About 95% of the respondents reported about the similarity of duties with regard to performance of this task and favourable conditions were mentioned by 90% UFPOs. However performance discrepancy in this specific task was admitted by 50% UFPOs and training was solicited by 23% UFPOs.

Table 7.35 in Annexure II describes the task of providing logistics and support services to the field forces last month. It appears that the field forces are provided with logistics support on an average, at least once a month. About 91% UFPOs felt that the duties performed in respect of this task are more or less similar, and favourable conditions prevail in the organization.

In response to the question asking whether they felt any discrepancy in their performance ⁱⁿ so far as this particular task is concerned, about 54% UFPOs agreed and 9% UFPOs felt that they require training on this task.

The analyses of the same task measured against ^{the} number of times field visits made by the UFPO indicated that on an average 11

field visits were made by the UFPOs in a month, which include the highest of 12 in Dhaka and Rajshahi and lowest of 9 in Chittagong.

Table 7.36 in Annexure II analyses the task of supervising field workers measured against average number of personnel supervised. On an average, it appears that 13 field personnel are supervised by UFPOs. All the UFPOs felt that they usually perform similar duties with regard to this specific task. About 86% UFPOs mentioned about the conditions as favourable so far as performing this task is concerned. Performance discrepancy was admitted by 36% UFPOs and training on it was solicited by 14% of them.

Table 7.37 in Annexure-II provides details about the task of monitoring progress in family planning programme implementation. According to this table, average number of information collection in last six months by the respondents belonging to all the four administrative regions is 29. Most of the respondents (86%) mentioned about similar duties relating to the task analysed. However one UFPO from Rajshahi and one from Khulna observed that they had to undertake dissimilar duties in connection with this task. Favourable conditions in performing this task, according to the table was mentioned by 86% of the respondents and only 5% respondent felt that unfavourable condition prevailed. About 32% UFPO admitted to have performance discrepancy and training required was mentioned by 18% UFPOs.

Table 7.38 in Annexure II deals with the same task measured against number of field visits made in a month by the concerned UFPO. It appears that average number of field visits made by a UFPO for all the sampled regions is 9 per month which includes the highest of 14 in Rajshahi division and the lowest of 5 in Dhaka.

The task of checking and maintaining attendance registers of the subordinate staffs and field workers is analysed and presented in

Table 7.39 in Annexure II. Measure of this task against the criterion of regularity of attendance in a given month, indicates that 95% regularity in attendance is maintained on an average. UFPOs from Khulna division reported 98% regularity of attendance on an average in the high side, while UFPOs from Dhaka reported 94% regularity in attendance on an average in relatively low side. Similarity of attendance is reported by 95% UFPOs and favourable condition in performing this task were reported by 82% UFPOs. Discrepancy in performance was reported by 54% UFPOs and 9% of the expressed their need for training on this task. The same task was also measured against the number of checked made last month. It shows an average 16 checkings per month, which includes minimum of 6 check in Khulna division to the maximum of 22 checking at Dhaka division.

Table 7.40 in Annexure II shows breakdown of the number of checks made on tour programmes and diaries of the field workers last month. For all the areas combined, the average is 18 such checks which also includes only 6 checks in the Chittagong region to a respectable number of 24 checks in the Khulna region.

Favourable conditions in performing this task were reported by 86% UFPOs and performance discrepancy was acknowledged by 18% only. Training is sought by merely 5% UFPOs.

Table 7.41 in Annexure II deals with the task of maintaining personal files of the subordinates. This task is measured against a qualitative judgement of proper maintenance of files obtained from the respondent. About 95% UFPOs reported that files are properly maintained, only 5% say this is not the case. About 86% UFPOs report about the condition for performing this task as favourable, while 9% denying this. Performance discrepancy is reported by 36% UFPOs and 18% want training in this task of maintaining files of the subordinates.

Table 7.42 in Annexure II deals with a very important task of checking the home visits of the field workers. Overall average of such frequency of check is reported to be 9 in the month preceeding the interview. Maximum number of checks is reported from Rajshahi division (13) and the minimum from Dhaka (5) and Khulna (5.). Favourable condition in performing this task ~~is~~ reported by 68% respondents and performance discrepancy is acknowledged by 46% responding UFPOs. However, training is desired by 14% UFPOs only.

Table 7.43 in Annexure II shows the analysis of the task of writing annual confidential report on the performance of the subordinate staff. This task measured against sending such report in time shows 94% UFPOs reporting timely submission of ACR while only 6% reporting their inability to do so. Discrepancy in performance is reported by 36% UFPOs interviewed and training on this task is solicited by 14% of them.

Table 7.44 in Annexure II deals with the task of initiating disciplinary measures against subordinates for undesirable activities. About 44% UFPOs report that they initiated such measure last year, while 56% report that they did not. Favourable condition for initiating such measure ~~are~~ reported by 41% UFPOs, 18% reported condition as unfavourable, while 41% failed to respond. Performance discrepancy is reported by 46% UFPOs and 23% asked for training on this task.

Table 7.45 in Annexure II presents the analysis on the task of preparing and submitting bills measured against timely submission of the same. About 73% UFPOs reported timely submission. Respondents from Rajshahi claimed 100% timely submission, while respondents from Khulna claimed only 60% cases of timely submission. Non-submission in time is reported by 18%; and 9% failed to respond. Favourable condition ^{are} reported by 77% UFPOs and performance

discrepancy on this task is acknowledged by 32% UFPOs. Training on this task is wanted by 9% UFPOs only.

Table 7.46 in Annexure II reports analysis of the task of drawing money from bank and disbursing billed amount to the payee, measured against timely drawing and payment and percentage of utilization of fund last year. It appears that 95% UFPOs report timely drawing and disbursement of fund. Discrepancy in performance is reported by 36% UFPOs and training is sought by none on this task. Average percentage of fund utilization has been found to be 93%, including the lowest of 80% in Chittagong and highest of 96% in rest of the regions.

Table 7.47 in Annexure II deals with the task of maintaining ^{and} cash book and submitting expenditure statement, measured by frequency of making entries in cash book and submission of statement in time.

Average number of times entries are made in a given month appears to be 16, which ~~is~~ controlled for region, ranges from 8 in Rajshahi to 24 in Dhaka. Performance discrepancy is reported by 36% UFPOs and requirement of training on this task is **requested** by 27% of them.

On ^{the} submission of accounts statement, 94% UFPOs reported that they submit the statements in time. Respondents from Chittagong region seem to be below the average on this account as 75% of the UFPOs in that region admitted to have submitted the statements in time, as compared to the overall average of 94%.

The task of submitting indents to the district officer has been analysed and presented in Table 7.48 in Annexure II/^{The} ~~measured~~ ^{is} timely submission of the indents to the district authority. All the UFPOs interviewed claim to have done so. However, discrepancy in performance is acknowledged by 41% of them and training is solicited by merely 5% of them.

Table 7.49 in Annexure II deals with the task of maintaining ~~store~~ **store account** measured by number of stockouts last year and regular updating of store accounts. On an average 1.5 times stockout is reported from all the regions, while Dhaka and Rajshahi reporting one such case last year, Chittagong and Khulna division report two stockouts last year. About 73% UFPOs feel that favourable condition prevail in performing this task and performance discrepancy is acknowledged by 9% and training is sought by 9% of them.

Eighty one percent of the sampled UFPOs maintain that store accounts are regularly updated. However regionally this varies from 100% in the highest level for Chittagong and Rajshahi region to 71% and 75% for Dhaka and Khulna regions respectively.

Table 7.50 and 7.51 in Annexure II provide the analysis of the task of organizing IEM activities in the upazilla. This task is measured by the number of posters, leaflets, flash cards used last month in meetings, number of filmshows and folk talent team performance held last month and number of group arranged contact made last month. Table 7.50 shows that on an average 451 posters, leaflets etc. were used last month. Favourable condition are mentioned by 95% UFPOs. Performance discrepancy is acknowledged by 63% UFPOs and training is sought by 18% of them.

Table 7.51 shows on an average 2 film shows, and/or folk talent performance held last month. Five group meetings were held last month on an average. This average of group meeting is reported to be lowest in Chittagong(1) and highest in Dhaka(8).

Table 7.52 and 7.53 in Annexure II deal with the task of arranging for ante-natal, natal and postnatal care. This task is measured by a simple number of cares made in these respects last year. On an average 525 ante-natal cases were taken care of last month.

However maximum number of cases treated happens to be from Rajshahi region (1153). About 73% UFPOs feel that favourable condition prevail in performing this task. Performance discrepancy on this task is reported by 54% UFPOs and training on this task is felt to be necessary by 27% of them.

Average number of natal care in the month preceeding the interview was 429 with the maximum from Rajshahi region (1080). Average number of post-natal care was found to be 471 with the maximum reported from Dhaka division(1178).

Table 7.54 in Annexure II provides the break up of ^{the} average number of persuaded pregnant women to take the facilities of the MCWC or FWCs, as well as the services of FWVs and TBAs while delivering their babies. This would be an indication of the performance of the UFPOs on the task of persuading pregnant women to do so.

According to the table, the average is 125, when all the regions are combined together. However it varies from an average of 67 cases in Dhaka division to 250 in Chittagong division. About 50% UFPOs maintain that favourable conditions prevail in performing this task and 5% think this to be unfavourable, while 45% failed to respond on this issue. Performance discrepancy on this task is acknowledged by 50% UFPOs and training need on the task is expressed by 27% of the respondents.

Table 7.55 in Annexure II analysis the task of sanitation, parasite control and providing immunization services and motivation education, measured by the number of cases ~~cared for~~ last year. On an average 37 cases were immunized last year. Performance discrepancy in this task could not be identified as the respondents failed to respond. The same reason interfered in ascertaining percentage of UFPOs requiring training on this task. Ninety five percent of the UFPOs feel that they are doing sanitation and parasite control works properly. Conditions ^{for} perform such task have been

stated to be favourable by 82% UFPOs. Performance discrepancy has been acknowledged by 14% of them and training has been sought by the same percentage of respondents.

Table 7.56 in Annexure II shows the analysis of the task of organizing training programmes for field workers measured by number of such training/^{sessions} held last year. On average, four such training/^{sessions} were held in Chittagong and Rajshahi last year. Overall average is 2.5. About 55% UFPOs reported favourable conditions in performing this task. However, performance discrepancy was acknowledged by a large number of respondents (35%). Training need on this task was voiced by 41% UFPOs.

The next task analysed according to table 7.57 in Annexure II is holding of periodical review meetings with the field workers. This task was measured by average number of such meetings held last year. On an average 12 such review meetings took place last year as reported by UFPOs belonging to all the regions. About 73% of them mentioned prevailing condition in performing this particular task favourable. However, 27% UFPOs acknowledged this discrepancy in performance and 5% of them were ready to undertake training on this task.

Table 7.58 in Annexure II shows the results of the analysis of the task of supervising FWCs, MCH centres, and health and family planning staff. Percentage of time spent on supervision last year appears to be on an average 51%. About 86% UFPOs felt that the condition for supervision was favourable.

7.4 Task Analysis of Medical Officers

In each upazilla there is a position of a Medical Officer specially earmarked for MCH and family planning programme activities. This position is critically important for the success of the population control programme. MO³ (MCH-FP) performs sterilization operations and other terminal methods of family planning programme. We have covered the major tasks of this position in details and the findings of the analysis are presented below. The task of other MOs at the Upazilla level is similar.

Table 7.59 in Annexure II analysis the task of examining and diagnosing patients measured by the average number of patients examined and diagnosed last year. For all the regions combined, the average is 430. All the MOs agreed that favourable conditions prevailⁱⁿ so far as performing this task is concerned. Performance discrepancy is acknowledged by 16% MOs and training is solicited by 24% MOs.

Table 7.60 in Annexure II deals with the task of prescribing medicines to the patients. Average number of prescriptions made last year as appears in the table is 529 for all the regions combined. Performance discrepancy is acknowledged by 47% MOs, while training is sought by 12% of them.

Table 7.61 in Annexure II analysis the task of counselling and imparting health education to the eligible couples. This task is measured by average number of such counselling cases, which is reported to be 410 in this cases. Performance discrepancy^{as} cited by 47% MOs of which 18% feel that they require training in this^{specific} task.

Table 7.62 in Annexure II deals with the task of referring patients to specialists and this task is measured by ^{the} number of each referrals made last month. The table shows that the average is 9 for all the areas combined. Performance discrepancy is reported by 41% MOs and training is wanted by 18% of them.

Analysis of the task of performing sterilization and other family planning operations in the upazilla health complex and TWCs was measured by the number of such operations made last month. On an average about 27 such operations were made by the MOs. However maximum ^{number} operation was reported from the respondents belonging to Rajshahi division. Favourable condition in performing this task is mentioned by about 88% MOs. Quite a large percentage (76%) of MOs acknowledged discrepancy in the performance of this task and 29% of them asked for training on this particular task.

Table 7.63 in Annexure II deals with the task of following up of clients adopting terminal methods of family planning. This task is measured by the number of cases followed up last month. For all the regions, the average is 25. Discrepancy in performance on this task is admitted by 35% MOs and training is solicited by 12% of them.

Table 7.64 in Annexure II analysis the task of arranging immunization of pregnant mothers and this task is measured by number of such cases ~~of~~ immunization ^{in the} /last month. Respondents from Rajshahi division failed to give any answer. For ~~the~~ ^{other} three regions the combined average is 23 cases last month. Performance discrepancy on this task is reported by 41% MOs and training is sought by 12% of those respondents.

Analysis of the task of providing immunization to the children was measured by the number of such immunization done in last month.

On this task also there is no response from the MOs from Rajshahi. On an average 35 children are immunized per month. Performance discrepancy is acknowledged by 35% MOs and training need on this task has been expressed by 12% of them.

The task of supervising activities of MCH unit of health complex and those of FWC was measured by the average number of supervisions made last month shows that 10 visits made. Performance discrepancy as regards this task has been acknowledged by 12% MOs and training on this task is sought by 35% of the MOs.

7.5 Implications for Training

The basic purpose of conducting task analysis is to determine training need and identify training input for augmenting manpower effectiveness. Task analysis provides a detailed and the comprehensive information on ^{the} performance gap on each specific major task usually performed on the job, by the incumbent employee and the underlying reasons for that. In the backdrop of this reasoning major findings of the task analysis of UHFPOs, UFPOs, and MOs will be used as the input for assessing training priorities along with the necessary curriculum for overall manpower development.

Factual analysis of the major tasks of each corresponding position, having reference to performance on the job, has segregated areas where training can help improve performance, as well as areas where action at the organization structure, policies, rules and regulations etc. will have to be taken to initiate performance improvement.

A major contribution of task analysis is to disaggregate actions taken at the training front and at the organization front for that purpose. This is necessary in view of the fact that action at a wrong end will not bring about the cherished change.

Scope for improving performance by skill development only, can best be addressed by devising appropriate training programme. However where performance is contingent upon organizational environmental and infrastructural factors, mere training provided to the employees will be of no avail.

As evident from the analysis training has been sought by a sizeable portion of the incumbents of all the sampled positions at the upazilla level on different tasks performed by them.

Training programme can now be formulated for need category of officials on those specific areas where they have solicited training and the priority may be determined on the basis of proportion of respondents asking for training on a key task or proportion of performance discrepancy. Both these information have been made available in the analysis.

8. Implications for Manpower Development

This study which confronts the issue of assessing training needs of Health & Family Planning Officers at the upazilla level from divergent angles has reasonably produced more data than what could be processed at this time. While processing the data emphasis as usual rested on important aspects of ^{the} training need assessment. Organizational climate analysis provided a deep insight into views and perception of individual employees towards organizational goals and objectives vis a vis environmental criteria.

The future course of training can be steered with careful observation of such organizational intricacies. A paramount responsibility lies on the leadership to eschew deviation from the prescribed roles of the organisation by its members. Even a maverick would understand this when organizational effectiveness is sought at.

Deeper understanding of the organizational dynamics, can pave the way for a proper perspective of ^{the} training programme, less perfunctory and more integrated (which is a possibility), that led to such investigation into organizational climate analysis.

The analysis surfaced a sizeable amount of information ^{with} respect of the environmental strength and weakness of the upazilla level organizational set up.

Before embarking on any manpower development scheme it is imperative that developing upazilla officials would relieve single most priority to steer clear much of the stumbling blocks of programme implementation at the grassroot level. Faced with the challenge embodied in an unbridled growth of population, rejuvenating upazilla tier of program administration deserves foremost attention. In rendering multiple services to the

Health and Population Control upazilla level manpower, as persistently advocated by policy planners, should be beefed up with all the armours at its disposal to confront the number one ^{problem} of the country. And therefore, the list contains, apart from the logistics support, administrative skill which are proverbially wanting among the upazilla officials as suggested by the outcome of the study.

For any organizational set up especially for the programme managers, three distinctive skills are necessary to perform adequately at any given work situation. These are conceptual skill, technical skill and human relation skills although it is true that the skill mix varies according to ^{the} type of manpower and so does manpower development programme. However, requirement of human relation skill partakes less variability for all the tiers, e.g. top, middle and lower level management.

The /manpower Development Programme for the Upazilla level officials of MOHPC should be organized so as to usher in a desirable change in the participants work behavior, incorporating the necessary skill mix mentioned above. Specific goals will have to be predetermined based on the needs of ^{the} individual as related to the job. Training, only then can ^{then} be devised that will precipitate and promote the behavioural changes leading to the accomplishment of the goal.

The /manpower development does not happen automatically, it is ^a rather a deliberate process. It works well in an organization where top management believes in it, supports it and rewards. It is destined to flourish, under the guidance of able and skillful leaders who are responsible for their ^{employees.} ^{The} manpower development includes sound selection procedures, organization and manpower planning, performance evaluations, reviews, and appraisals, and day to day leading and counselling. It also involves planned learning experiences through training, including courses, seminars,

workshop, and individual reading programmes in the light of the assessment of training needs of the individual incumbents.

This study had been specifically designed with that objective in mind. Emphasis had been given on the work environment, personality of the incumbents, background information, description of jobs, analysis of each major tasks on the job, utilization of time in productive pursuits by the incumbents, performance records and other relevant information necessary for determining the need and potential of manpower development at the upazilla level.

Performance deficiencies have been painstakingly identified and the inventory of the skill available have also been evaluated as the major feedback to develop a tailor made training package to chart the programme towards its predetermined course. Any manpower development scheme, which does not take into consideration the above phenomenon would fail to achieve what it is set to do.

Evolving a scheme with a vigorous investigation as has been done in this study will eventually equip the programme planners with a bottom up approach in respect of manpower development policy formulation. The finding, in whole of the may be summarised as below, so far their implications for Manpower Development is concerned.

Upazilla level administration of Health and Family Planning Programme has already gained a new dimension with the election of upazilla chairman and decentralization policy of present administration. This has been done with the intention to provide a shot at the arm of the upazilla level government programme.

As has been mentioned earlier in the report that the nucleus of upazilla level Health and Population Control Programme is formed of UHFPOs, UFPOs, and MOs. If they work as a team and

provide the leadership at the upazilla level health and population control programme may witness astounding successes. Results drawn from the analysis of ^{the} organizational climate provides an unique opportunity to develop ^a training programme with that end in view. Minimizing gap between ideal and actual environment as perceived by the upazilla officials will be pivotal for ensuring a congenial work atmosphere and foster cooperation and, ultimate emergence of team-spirit at the most significant level of organizational

8.3 Hierarchy

Findings of the activity sampling clearly demonstrates under-utilization of manpower in all the positions, e.g. UHFPOs, UFPOs, MOs(MCH-FP) and MOs^a. Action at this level may be geared to two directions. First, ^a specific action programme can be undertaken to ensure rigorous time management and utilization of available manpower capacity which itself can improve the efficiency level to a substantial extent, secondly, to develop the manpower skill with an eye to future programme requirements and improve upon the present level of performance.

No training programme can be properly designed without reviewing the job description and ancillary work inputs. With that end in view, the study concentrated in the job analysis of the UHFPOs, UFPOs, MOs(MCH-FP) and MOs. To supplement the information collected a desk audit of those positions was also attempted. Thus substantial on the job information in all the position have been collected, which show similarities and dissimilarities of the duties involved interregionally, which need to be streamlined. The percentage of time spent on specific duties, extent of supervision, categorization of activities, desk vs. clinical and or field work, in fact a complete picture of the positions in question have emerged which will be fruitful input for determining the training needs, developing curriculum and administering/manpower development programme.

Chapter five extensively analyses personality and attitudes of the incumbents who were investigated in this study with the help of professionally standardized personality and attitude tests.

The results show a distinctive disaggregation and typology of functionaries on the basis of personality and attitude. The scheme for developing manpower will benefit from these findings as the training programme can be intelligently devised, given the knowledge available on those aspects of the employees.

Persons having positive work attitude may be encouraged to maintain that attitude and behavior modification technique can be fruitfully utilized for those who lack such positive work attitude.

Commensurating with the personality types of the incumbents, work allocation, training technique and materials may be tailor made to utilize their strength in more productive ways, rather than designing a uniform training program for all which may become counterproductive for some personnel.

Chapter six provides a detailed rundown on personal information record of all the incumbents surveyed through a mailed questionnaire. This is the only instrument which was mass circulated and which was responded by the largest number of upazilla functionaries of all the investigated positions. Results of this background analysis portray the personnel mix, their experiences, their academic qualifications, familiarities to different branches of knowledge and their independent assessment of subjects or areas where they need training. This has greatly enhanced the credibility of the present study not only by producing a large input from the target population but also as a device to crosscheck findings from other data instruments administered on an adequate but limited sample population.

Input from this personnel information record show exactly what to train to whom and for how long. Undoubtedly this ^{will} help a lot by providing the building blocks for designing manpower development programmes for the upazilla level officials of health and population control programme.

Chapter seven deals with most crucial part of the study, namely the task analysis of the positions of UHFPOs, UFPOs, and MOs. This part which goes beyond the job analysis, by introducing variables such as, measures, duties, conditions and performance has significant implications for manpower development at the upazilla level. The analysis shows a critical understanding of each specific task and the level of performance of the incumbent in that task, measured by concrete targets and with exposition of duties discharged in a condition which can be either favourable or unfavourable.

As the analysis shows, a large number of specific tasks were identified, where performance discrepancy exist and individual respondent felt it necessary to under-take training on that specific task. In fact, results of this analysis ^{provide} a direct input for training need assessment and development of training curriculum with the ultimate aim of manpower development.

In the light of the above discussion and reasoning it may safely be concluded that types of training and the curriculum for training must be addressed to the need of the UHFPOs, UFPOs, and MOs at the upazilla level, as envisaged by the present study which is based on a cumulative ^{tion} informa- from all the responses generated by different data generating instruments used in this project.

9. Managerial Training Method Curricula and Content

9.1 Background

The study design to assess training needs and contents for the upazilla level officers of MOHPC involved examination of the involved issues through various approaches viz. organization climate analysis, activity sampling, job and task analysis, personality and attitude assessments as well personal profile analysis. The training implications of the various components of the study have been pointed out and integrated in the chapter on implications for manpower development. The need for training for certain aspects of job performance as well as integration of health and population control activities is fairly obvious. Managerial leadership at the Upazilla level has been found to be weak and so is the element of team work involving health and family planning officials. Personalitywise, the officials have been found to be a mature^d and adjusted group, which permits^{an} attempt ~~at~~ behavioral modification through training. Most of the officials have been found to be self centred and not group oriented. This requires opening up to permit sharing and cooperation which are necessary for effective goal realisation in an integrated set up. Attitudinal variables also point to the need for^{an} attempt to modify attitude^{and} towards organizational goals through manpower developmental efforts.

The study points out that some of the organizational characteristics need to be altered through policy changes, leadership style change as well as changes in methods and procedures at the top management level of the MOHPC and the concerned directorates. Then again, a number of issues has come up which can best be attacked through managerial manpower development efforts at the Upazilla level. This impertative leads to the development of the materials in this chapter on training curricula, content and methods for the officials, based on identified needs and expressed desires.

9.2 Training Curricula for UHFPO & UFPO

A. Introduction

The implications of this study point to the need for developing appropriate curricula to take care of the training needs of the Upazilla level health and family planning officials. There is quite a similarity in the job responsibility pattern of UHFPO and UFPO in that both of them are responsible for goal achievement of their respective programmes. The UHFPO is responsible for goal achievement of both health and family planning programme and UFPO is responsible for only family planning. Both of them are in charge of the administration of their respective offices, although in superior-subordinate relationship. Both of them must be familiar with field work environment and be concerned with motivational aspects of field and office personnel. We have therefore suggested one set of curricula for both UHFPO and UFPO.

But the job responsibility of M.O (MCH-FP) and M.C differ in that former has management responsibility for the maternity and child health unit, the later has no such direct responsibility. Yet both have the responsibility for motivation for family planning. Thus, two different sets of curricula have been designed for these officers.

B. Curricula

The primary responsibility for achievement of the goals of both health and family planning programme lies with ^{the}UHFPOs and that for family planning lies with ^{the}UFPOs. They must therefore be thoroughly familiar with different aspects of the programme so that they can place right emphasis on programme priorities and provide adequate guidance to their subordinates. They should also be able to ensure achievement of programme goals

through procurement and best utilization of people, resources and facilities. Therefore, the objectives of the curricula for training of these officers will be to develop their managerial skills and to enhance their understanding of the contents and dynamics of health and family planning programme.

The more specific objectives of this curricula are as follows :

1. Make them thoroughly familiar with the objectives, strategy, structure and dynamics of the integrated health and family planning and population control programme.
2. Help them develop better understanding of political, social, economic and cultural environment of the rural community;
3. Orient them with their roles and responsibilities and those of their colleagues at Upazilla level health and family planning programme ;
4. Develop their leadership capability ;
5. Enhance managerial knowledge and skill;
6. Promote understanding of the administrative structure at the Upazilla level to identify role relationships for interdepartmental cooperation;
7. Thoroughly acquaint them with the system, procedure and rules of administration, finance, accounting and auditing at the Upazilla health and family planning offices.
8. Help them develop and execute plans for performance and efficiency improvement for their respective programmes.

C. Course Content

To achieve these objectives, the curriculum should contain following subjects.

1. Management: Concept, process and significance, Management functions - Planning, Organizing, staffing, supervising, Motivating and controlling. Manager's job: different roles of a Manager.
2. Problem-solving and Decision making: Rational Decision making Process - Problem analysis, alternative identification, alternative evaluation, selection of solution.
3. Behavioral Analysis and Motivation: Individual, group and Organizational Behavior. Exchange Relationship, Process and factors of motivation. Interpersonal perception, Leadership, Attitude and change public and community relations.
4. Management system: Organization, Information system. Records Management Procedure and Methods.
5. Programme Evaluation: Performance monitoring. Statistical Analysis. Performance Evaluation, Corrective Measures.
6. Accounting, Finance and Auditing : Accounting system in government Office, Management of office fund, Audit rules and audit objections, Financial Rules, Budgetary control.
7. Promotion of Population control Products, services and ideas: Social marketing, promotion planning, execution and follow up. Marketing research.

8. Personnel Management, Personnel need assessment, Job analysis, Recruitment, selection, Training and induction, Compensation and incentive, Discipline and service rules.
9. Logistics and supply Procurement and Physical Facilities planning. Inventory control, Service Delivery, Maintenance management, Transport management.
10. Socio Economic Analysis. Basic social institutions and culture. Social stratification and mobility, Status and role, Social change and control. Rural folkways and mores, Sociology of development. Inter-relationship between morbidity, mortality, demographic transition and economic growth.
11. Health and Population Control Programme
 - A. Upazilla Administration system and inter-face with Health and Family Planning Programme.
 - B. Structure and Functions of PCFPD. Organization Philosophy and evolution - present structure-head quarter organization-field organization-Population council co-ordination and control-operational strategy-manning and motivation-achievements and future direction of organization. Field programme of PCFPD-field structure task domain-supporting functions-supplies and logistics-service delivery-field supervision and control-challenges in field supervision and control-challenges in field operation.
 - C. Health & Education, Primary Health care, Extended Programme of immunization. Inter-departmental coordination and influence process at the office, organization and field.

9.3 Training Approach and Method

The course content as outlined above are relatively elaborate and will require at least 6 weeks' time input from the participants. The emphasis of the curricula is on the application of learning by the participants in their work situation for performance improvement of the programme at Upazilla level and this will call for project work. Participants cannot probably remain absent from their work stations for 6 weeks at stretch to attend training at the institute. The project work will require proposal preparation, implementation and performance monitoring which can be done in successive stages. Moreover at the learning stage, the participants will be more comfortable to practice the principles of Development. Accordingly the participants will attend first module for ^{TWO} weeks to develop understanding of the fundamentals of management and the programme and learn about MBO and Project proposal preparation. They will go back to their work situation, spend a month or two to practice principle learned and prepare project proposal. They will attend second module for two weeks and finalise project proposal. On return they will implement the project and prepare an evaluative report on it. They will report for the third module after three months when they will complete the remaining part of the course content and present and discuss their experience in project implementation. This process will not only provide knowledge content but will also ensure its application for programme performance improvement.

In addition to this, they will attend a three-day refreshers course once every three years' to relearn the learning, acquaint themselves with developments and changes in programme and to familiarise themselves with further techniques of management. Taking various considerations into account, a modular approach for training will be more appropriate than a one-shot: programme.

Since, the curricula are application oriented, more emphasis should be given on training method like workshop, group discussion, case studies, role playing, film show and field visit. The Lecture method should be primarily used to provide knowledge content but with adequate room for question and answer session and class discussion.

9.4 Curricula for M.O. (MCH-PP)

The M.O. (MCH) is in charge of the maternity and child Health clinic and as such he has responsibility for supervision of the activities of a couple of subordinates and for some equipment and facilities of the clinic. He has also the task of motivating people for family planning. Although his main task is to provide medical and surgical services to the patients, for better performance of his clinic he must know about management and how to motivate people. He must be familiar with family planning services and products and socio-cultural aspects of the society.

Thus the objective of the curricula for the M.O. (MCH) will be to enhance his managerial and motivational skill and wider his perspective of the health and family planning programme. ^{The} Following will be the more specific objectives:

1. Enhance his managerial skill by familiarising him with the concept and process of management and supervision.
2. Widen his acquaintance with the health and family planning programme.
3. Make him conscious of the nature of his job, job demands and his role in the health and family planning programme.
4. Provide knowledge about social, cultural, political and economic aspects of rural community.

Course contents

To achieve the foregoing objectives, the training programme should include the following topics, details of which can be found in the course content section of the curricula for UHFPO and UFPOs.

1. Management concepts, process and functions
2. Problem solving and decision-making
3. Behavioral analysis and motivation.
4. Management systems
5. Promotion of population control products and services
6. Socio-economic analysis
7. Health and population control programme
8. Management by objective
9. Synthesis and Overview project work.

9.5 Training Approach and Method

As in the case with curricula for UHFPOs and UFPOs, the emphasis will be on application of the learned principles in managerial practice of the participants and in the improvement of ^{the} performance of his unit. For the same arguments as put forward in case of UHFPO, modular approach seems most appropriate for training this group also. However as the course length is shorter, it is expected to take 4 weeks' time input and it can be completed in two modules. In the first module the participants will learn about fundamentals of management as ^{well as} programme and finalize a project proposal.

On return to their work stations, they will implement the project, record the performance and write an evaluative report. Meanwhile they will also try to practise the management principles learned in the first module. They will report for the second module after two months from the date of completion of the first module. They

will learn the remaining subjects and present and discuss the project report. They will also attend a refresher's course once every three years.

Being application oriented, ^{the} same training methods as mentioned in case of UHFPO will be adopted.

9.6 Curricula for MOS

Medical officers at present have no management responsibility but they have to work for family planning programme and they will assume management responsibility ~~&~~ if they are transferred to work as M.O. (MCH) or promoted to the post of UHFPOs. Therefore some orientation in management is desirable for them. Thus the objective of the curricula/ ^{the} for Medical Officers will be to prepare them working for family planning programme and orient them with management concept and process.

Course content

To achieve the foregoing objectives following course contents are recommended. Details of the course contents have been provided in the section on curricula for UHFPO and UFPO.

1. Concept and Process of Management
2. Problem solving and Decision-making.
3. Socio-economic analysis.
4. Promotion of population control products and services.
5. Health and Population Control Programme.
6. Synthesis and overview.

9.7 Training Approach and Method

The ~~planned~~ short course content for the Medical Officers will require only two weeks' time input. Since they are not in charge of programme performance, no project work has been recommended and therefore modular approach is not necessary. They will attend the course for two weeks at a time but they will attend refresher course for medical officers once every three years.

The training methods will primarily consist of lecture, case analysis, group discussion, filmshow and a field visit.

Team Building course

In addition to the foregoing courses, a team building course should be organized for officers across the organizational hierarchy of Upazilla health and family planning programme. The purpose of the course will be to secure unity of attitudes of the participants on ^{the} programme goal realisation process and dynamics. Participants for the course will be drawn in the following ratio :

UHFPO -	1
UFPO -	1
M.O(MCH) -	1
M.O. -	2

The course will contain following topics :

1. Goals, Objectives and advantages of Integrated Health and Family planning Programme.
2. Job Description and roles of UHFPO, UFPO, M.O.(MCH) and M.O.
3. Role similarity and role conflicts among the incumbents.

4. Coordination mechanism in the Upazilla level health and family programme organization.
5. Perception, attitude and attitude change process.
6. Synthesis and Overview.

The duration of the course will be one week. Only those who have knowledge of health, family planning and population control programme structure and of management process will be the participants in the course. The training methods will consist of role playing, case analysis and lecture.

9.9 Refreshers Course

Refreshers course will be organized separately for two groups - UHFPO and UFPO, in one group and M.O. (MCH) and M.O. in other group. The objective will be to provide some new knowledge on management methods and changes in programme and work environment. The participants will bring in prepared reports on their experience in translating management principles to managerial practices and present these in the course for discussion. The duration of the course may be 3 to 6 days and training methods may consist of lecture, workshop and report presentation and discussion.

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A N N E X U R E S

ANNEXURE = I

THE STUDY TEAM

Annexure - I

THE STUDY TEAM

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9. Md. Jahangir Alam
10. Md. Abdul Hakim
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PROJECT STAFF

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2. Mozibur Rahman
3. Azizul Hoque
4. Sahnur Alam
5. Sanwar Hossain
6. Abdul Karim
7. Abdul Motaleb Khan

ANNEXURE = II

TABLES

Organization Climate Criteria	Dhaka		Khulna		Chittagong		Rajshahi	
	Ideal	Actual	Ideal	Actual	Ideal	Actual	Ideal	Actual
Conformity	9.28	5.51	8.93	5.82	9.19	5.78	8.83	6.29
Responsibility	9.21	6.36	9.04	5.62	9.35	6.53	8.99	6.45
Standards	9.44	4.84	8.96	4.39	8.63	4.49	8.61	4.69
Rewards	8.57	2.81	8.67	3.62	7.79	2.37	7.72	2.83
Organizational clarity	9.62	4.91	9.11	4.90	8.67	4.96	8.92	5.84
Warmth and support	9.34	6.52	9.19	5.12	8.98	5.92	9.18	6.64
Leadership	8.97	4.30	8.40	4.29	9.07	6.32	8.62	5.67

Table : 2.3 - Regional Differences in Actual vs. Ideal Organizational Climate Criteria (Individual Criterion Scores).

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.71	6.28	3.43
Responsibility	9.57	7.57	2.00
Standards	9.28	5.57	3.71
Rewards	9.14	3.42	5.72
Organizational clarity	9.85	6.00	3.85
Warmth and Support	9.57	7.14	2.43
Leadership	9.85	6.57	3.28

Table : 2.5 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UHFPO s of Dhaka Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.16	6.00	3.16
Responsibility	9.66	6.50	3.16
Standards	9.33	5.66	3.67
Rewards	9.83	4.00	5.83
Organizational Clarity	7.42	6.00	1.42
Warmth and Support	9.16	6.33	2.83
Leadership	9.66	3.12	6.54

Table : 2.6 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UHFPO of Khulna Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.40	7.20	2.20
Responsibility	9.40	6.40	3.00
Standards	8.60	4.80	3.80
Rewards	6.80	2.60	4.20
Organizational Clarity	8.80	5.60	3.20
Warmth and Support	8.80	6.40	2.40
Leadership	9.40	7.20	2.20

Table : 2.7 - Difference Between Ideal and Actual Organization Climate Criteria as Indicated by UHFPO of Chittagong Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	8.29	6.00	2.29
Responsibility	8.71	7.00	1.71
Standards	8.86	5.71	3.15
Rewards	7.14	2.14	5.00
Organizational Clarity	9.29	6.14	3.15
Warmth and Support	9.14	6.14	3.00
Leadership	9.14	6.86	2.28

Table : 2.8 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UHFPO of Rajshahi Division.

<u>Organisation Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	74.24	44.11	30.13
Responsibility	73.70	50.88	22.82
Standards	75.50	38.69	36.81
Rewards	68.56	22.44	46.12
Organizational clarity	76.92	39.28	37.64
Warmth and support	74.72	52.15	22.57
Leadership	71.73	34.73	37.00

Table : 2.10 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by UFPOs of Dhaka Division.

<u>Organisation Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	71.43	46.55	24.88
Responsibility	72.33	44.92	27.41
Standards	71.65	33.13	38.52
Rewards	69.35	28.95	40.40
Organizational Clarity	72.88	39.18	33.70
Warmth and support	73.52	40.93	32.59
Leadership	67.17	34.32	32.85

Table : 2.11 - Difference between Ideal and Actual Organization Climate Criteria as indicated by UFPOs of Khulna Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	73.30	46.20	27.30
Responsibility	74.79	52.25	22.54
Standards	69.02	35.88	33.14
Rewards	62.28	18.96	43.32
Organizational clarity	69.35	39.68	29.67
Warmth and support	71.87	47.35	24.52
Leadership	72.57	50.60	21.97

Table - 2.12 - Difference between Ideal and Actual Organization Climate Criteria as indicated by UFPOs of Chittagong Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	70.62	50.33	20.29
Responsibility	71.92	51.57	20.35
Standards	68.86	37.48	31.38
Rewards	61.73	22.60	39.13
Organizational Clarity	71.34	46.71	24.63
Warmth and Support	73.40	53.14	20.26
Leadership	68.97	45.33	23.64

Table : 2.13 - Difference between Ideal and Actual Organization Climate Criteria as indicated by UFPOs of Rajshahi Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	10.00	3.00	7.00
Responsibility	10.00	6.00	4.00
Standards	10.00	4.00	6.00
Rewards	10.00	1.00	9.00
Organizational Clarity	10.00	6.00	4.00
Warmth and Support	5.00	5.00	-
Leadership	5.00	1.00	4.00

Table : 2.15 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by RMOs of Dhaka Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.00	5.00	4.00
Responsibility	9.00	6.66	2.34
Standards	9.00	4.33	4.67
Resards	10.00	2.33	7.67
Organizational Clarity	8.66	6.00	2.66
Warmth and support	9.33	5.00	4.33
Leadership	9.00	4.33	4.67

Table : 2.16 - Difference between Ideal and Actual Organization Climate Criteria as indicated by RMOs of Khulna Division.

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<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.00	4.00	5.00
Responsibility	9.00	6.00	3.00
Standards	8.00	3.00	5.00
Rewards	8.00	3.00	5.00
Organizational Clarity	8.00	4.00	4.00
Warmth and Support	9.00	2.00	7.00
Leadership	9.00	6.00	3.00

Table : 2.17 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by RMOs of Chittagong Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	8.50	6.50	2.00
Responsibility	9.00	6.00	3.00
Standards	8.50	4.50	4.00
Rewards	7.00	1.00	6.00
Organizational Clarity	9.50	6.00	3.50
Warmth and Support	9.50	6.50	3.00
Leadership	8.50	4.50	4.00

Table : 2.18 - Difference between Ideal and Actual Organization Climate Criteria as Indicated by RMOs of Rajshahi Division.

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<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	8.60	4.80	3.80
Responsibility	9.40	3.40	6.00
Standards	9.40	4.20	5.20
Rewards	8.80	2.40	6.40
Organizational clarity	9.40	4.00	5.40
Warmth and Support	9.20	5.80	3.40
Leadership	9.20	3.80	5.40

Table : 2.21 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs of Dhaka Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	10.00	6.25	3.75
Responsibility	9.50	6.50	3.00
Standards	9.00	4.75	4.25
Rewards	6.75	1.25	5.50
Organizational Clarity	8.75	3.50	5.25
Warmth and Support	6.75	3.75	3.00
Leadership	7.75	2.50	5.25

Table : 2.22 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs (MCH) of Khulna Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.00	6.60	2.40
Responsibility	9.00	7.20	1.80
Standards	8.40	4.80	3.60
Rewards	6.40	1.60	4.80
Organizational Clarity	8.60	5.80	2.80
Warmth and Support	8.80	7.40	1.40
Leadership	8.80	6.80	2.00

Table : 2.23 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MCs (MCH) of Chittagong Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.00	6.40	2.60
Responsibility	9.20	5.60	3.60
Standards	9.20	4.40	4.80
Rewards	9.40	4.00	5.40
Organizational Clarity	9.60	5.80	3.80
Warmth and Support	9.40	6.60	2.80
Leadership	8.80	6.40	2.40

Table + 2.24 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs (MCH) of Rajshahi Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.18	5.40	3.78
Responsibility	9.72	6.54	3.18
Standards	9.50	5.04	4.46
Rewards	8.45	2.72	5.73
Organizational Clarity	9.59	4.54	5.05
Warmth and Support	9.40	6.50	2.90
Leadership	8.73	3.72	5.00

Table : 2.25 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs of Dhaka Division.

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	8.52	5.47	3.05
Responsibility	8.76	5.05	3.71
Standards	8.76	3.52	5.24
Rewards	8.52	2.70	5.82
Organizational Clarity	9.23	4.35	4.88
Warmth and Support	9.11	4.70	4.41
Leadership	8.05	4.00	4.05

Table : 2.26 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs of Khulna Division

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	9.07	5.50	3.57
Responsibility	9.57	6.50	3.07
Standards	8.92	4.85	4.07
Rewards	8.07	2.57	5.50
Organizational Clarity	8.71	4.92	3.79
Warmth and Support	9.07	6.07	3.00
Leadership	9.14	6.35	2.79

Table 2.27 - Difference between Ideal and Actual Organization Climate Criteria as indicated by MOs of Chittagong division

<u>Organization Climate Criteria</u>	<u>Ideal</u>	<u>Actual</u>	<u>Difference</u>
Conformity	8.79	6.04	2.75
Responsibility	8.79	6.29	2.50
Standards	8.33	4.45	3.88
Rewards	7.25	3.12	4.13
Organizational Clarity	8.50	5.91	2.59
Warmth and Support	9.04	6.58	2.46
Leadership	8.37	4.87	3.50

Table 2.28 - Difference between Ideal and Actual Organization Climate criteria as indicated by MOs of Rajshahi division

DIVISIONS	MEASURES				TARGET		DUTY					
	No. of respon- dents		Average No. of briefing & av. No. of coordinator committee held last 6 month		No. of respon- dents		Average No. of target of bri- eeing		Similar		Dissimilar	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	4	-	-	-	6	100	-	-	-	-
Chittagong	5	100	6	4	80	6	5	100	-	-	-	-
Rajshahi	7	100	5	4	57	6	7	100	-	-	-	-
Khulna	6	86	7	5	71	6	6	86	-	-	-	-
Bangladesh	24	96	5	13	52	6	24	96	-	-	-	-

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favour- able		Unfavour- able		Discre- pancy		No dis- crepancy		Necessary		Not Necc	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	3	50	2	33	2	33	2	33
Chittagong	5	100	-	-	2	40	3	60	1	20	2	40
Rajshahi	5	72	1	14	3	43	4	57	1	14	5	72
Khulna	6	86	-	-	2	28	2	29	1	14	1	14
Bangladesh	22	88	1	4	10	40	11	44	5	20	10	40

Table 7.1 - Analysis of one of the major task of the UHFPO : briefing upazilla parishad about population policy and strategy and target of the programme

DIVISIONS	MEASURES		TARGET			DUTY				
	No. of response- dents checked and supervised		No. of respon- dents		Average No. of times checked and supervised	Similar		Dissimilar		
	f	%	f	%		f	%	f	%	
Dhaka	6	100	12	-	-	-	6	100	-	-
Chittagong	5	100	18	2	40	17	5	100	-	-
Rajshahi	7	100	11	2	29	25	7	100	-	-
Khulna	7	100	8	6	86	6	7	100	-	-
Bangladesh	25	100	12	10	40	12	25	100	-	-

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favour- able		Unfavour- able		Discre- pancy		No discre- pancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	4	67	-	-	4	67	2	33	2	33	3	50
Chittagong	5	100	-	-	2	40	3	60	2	40	1	20
Rajshahi	6	86	1	14	4	57	3	43	3	43	3	43
Khulna	6	86	-	-	4	57	-	-	2	29	-	-
Bangladesh	21	84	1	4	14	56	8	32	9	36	7	28

Table-7.2: Analysis of one of the major tasks of the UHFPO : check and supervise activities of clinical & supervisory staff

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Divisions	Measures		Duty				Condition				Performance discrepancy				Training required				
	No. of respondent doing this task	Ave. No. of cases performed	Similar		Dis-similar		Favou- rable		Un- favou- rable		Discre- pancy		No discre- pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	5	83	4	4	67	-	-	4	67	-	-	-	-	3	50	-	-	2	33
Chittagong	5	100	-	4	80	-	-	4	80	-	-	2	40	2	40	1	20	-	-
Rajshahi	3	43	1	4	57	-	-	4	57	-	-	-	-	4	57	-	-	2	29
Khulna	7	100	2	6	86	-	-	6	86	-	-	2	29	1	14	-	-	2	29
Bangladesh	20	80	1	18	72	-	-	18	72	-	-	4	16	10	40	1	4	6	24

Table : 7.3 → Analysis of one of the major tasks of the UHFPO : check and verify expiry dates of medicines.

DIVISIONS	MEASURES				TARGET		DUTY			
	No. of respondent performing		Average No. of weekly visits to inpatient dept.	No. of respondent		Average No. of weekly visits to inpatient dept.	Similar		Dis-similar	
	f	%		f	%	f	%	f	%	
Dhaka	6	100	4	-	-	-	6	100	-	-
Chittagong	2	40	3	-	-	-	4	80	-	-
Rajshahi	7	100	3	1	14	6	7	100	-	-
Khulna	5	71	3	4	57	3	7	100	-	-
Bangladesh	20	80	3	5	20	4	24	96	-	-

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	4	67	1	16	1	17	3	50
Chittagong	4	80	-	-	2	40	1	20	1	20	1	20
Rajshahi	7	100	-	-	4	57	3	43	1	14	3	43
Khulna	6	86	-	-	5	71	-	-	-	-	1	14
Bangladesh	23	92	-	-	15	60	5	20	3	12	8	32

Table - 7.4 : Analysis of one of the major tasks of the UHFPO : visiting inpatient department.

DIVISIONS	MEASURES				TARGET				DUTY				
	No. of respondents performing		Average No. of weekly visit to out patient deptt.		No. of respondent		Average No. of weekly visits to out patient deptt.		Similar		Dis-similar		
	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	6	100	4	-	-	-	-	6	100	-	-	-	-
Chittagong	2	40	1	-	-	-	-	4	80	-	-	-	-
Rajshahi	7	100	7	1	14	10	7	100	-	-	-	-	
Khulna	5	71	5	2	29	4	7	100	-	-	-	-	
Bangladesh	20	80	5	3	12	6	24	96	-	-	-	-	

DIVISIONS	PERFORMANCE											
	CONDITION				DISCREPANCY				TRAINING REQUIRED			
	Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary	
f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	6	100	-	-	4	67	1	16	1	17	3	50
Chittagong	4	80	-	-	2	40	1	20	1	20	1	20
Rajshahi	7	100	-	-	4	57	3	43	1	14	3	43
Khulna	6	86	-	-	5	71	-	-	-	-	1	14
Bangladesh	23	92	-	-	15	60	5	20	3	12	8	32

Table - 7.5 : Analysis of the one of the major tasks of the UHFPO : visiting out patient department

DIVISIONS	MEASURES		TARGET				DUTY					
	No. of respondent performing		Average No. of visits to Health Subcentres in six months		No. of respondent		Average No. of visits to Health Subcentres in six months		Similar		Dis-similar	
	f	%	f	%	f	%	f	%	f	%		
Dhaka	6	100	20	-	-	-	6	100	-	-	-	-
Chittagong	4	80	30	-	-	-	4	80	-	-	-	-
Rajshahi	7	100	22	1	14	30	7	100	-	-	-	-
Khulna	7	100	29	6	86	30	7	100	-	-	-	-
Bangladesh	24	96	25	7	28	30	24	96	-	-	-	-

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	4	67	1	16	1	17	3	50
Chittagong	4	80	-	-	2	40	1	20	1	20	1	20
Rajshahi	7	100	-	-	4	57	3	43	1	14	3	43
Khulna	6	86	-	-	5	71	-	-	-	-	1	17
Bangladesh	23	92	-	-	15	60	5	20	3	12	8	33

Table - 7.6 : Analysis of one of the major tasks of the UHFPO :
visiting health sub-centres

DIVISIONS	MEASURES				TARGET			DUTY			
	No. of respondents performing		Average No. of visits to FWCs in six months	No. of respondent	Average No. of visits to FWCs in six months		Similar		Dis-similar		
	f	%	f		%	f	%	f	%		
Dhaka	6	100	20	-	-	-	6	100	-	-	
Chittagong	4	80	30	-	-	-	4	80	-	-	
Rajshahi	7	100	24	2	29	28	7	100	-	-	
Khulna	7	100	30	6	86	30	7	100	-	-	
Bangladesh	24	96	26	8	32	29	24	96	-	-	

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	4	67	1	16	1	17	3	50
Chittagong	4	80	-	-	2	40	1	20	1	20	1	20
Rajshahi	7	100	-	-	4	57	3	43	1	14	3	43
Khulna	6	86	-	-	5	71	-	-	-	-	1	14
Bangladesh	23	92	-	-	15	60	5	20	3	12	8	32

Table - 7.7 † Analysis of one of the major tasks of the UHFPO :
visiting FWCs

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DIVISIONS	MEASURES			DUTY				CONDITION			
	No. of respondents performing		Percentage of regular attendance (last month)	Similar		Dis-similar	Favour-able		Unfavour-able		
	f	%		f	%		f	%	f	%	
Dhaka	6	100	88	6	100	-	-	6	100	-	-
Chittagong	4	80	88	5	100	-	-	5	100	-	-
Rajshahi	7	100	88	6	86	-	-	6	86	-	-
Khulna	7	100	91	7	100	-	-	7	100	-	-
Bangladesh	24	96	89	24	96	-	-	24	96	-	-

DIVISIONS	PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%
Dhaka	2	33	3	50	-	-	4	67
Chittagong	3	60	2	40	2	40	1	20
Rajshahi	5	72	1	14	2	29	2	28
Khulna	6	86	1	14	-	-	-	-

Table 7.8 : Analysis of one of the major tasks of the UHFPO : checking attendance in office and clinic

DIVISIONS	MEASURES		DUTY				CONDITION					
	No. of respondents performing		Average No. of records/ file kept		Similar		Dis-similar		Favour-able		Unfavour-able	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	83	65	6	100	-	-	6	100	-	-	
Chittagong	5	100	144	5	100	-	-	5	100	-	-	
Rajshahi	4	57	32	4	57	-	-	2	29	-	-	
Khulna	7	100	125	7	100	-	-	7	100	-	-	
Bangladesh	21	84	97	22	88	-	-	20	80	1	4	

DIVISIONS	PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%
Dhaka	5	83	-	-	4	67	1	17
Chittagong	2	40	3	60	3	60	-	-
Rajshahi	1	14	3	43	-	-	3	43
Khulna	5	71	-	-	-	-	1	14
Bangladesh	13	52	6	24	7	28	5	20

Table - 7.2 : Analysis of one of the major tasks of the UHFPO : maintaining personal files and administrative records

DIVISIONS	MEASURES						DUTY			
	No. of respondents performing		% of bills passed in time		% of bills delayed		Similar		Dissimilar	
	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	5	83	1	17	6	100	-	-
Chittagong	5	100	3	60	2	40	5	100	-	-
Rajshahi	6	86	3	50	3	50	5	71	1	14
Khulna	7	100	2	29	5	71	7	100	-	-
Bangladesh	24	96	13	54	11	46	23	92	1	4

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	3	50	2	33	1	17	3	50
Chittagong	5	100	-	-	1	20	4	80	-	-	1	20
Rajshahi	5	72	1	14	3	43	3	43	-	-	4	57
Khulna	7	100	-	-	5	72	1	14	-	-	1	14
Bangladesh	23	92	1	4	12	48	10	40	1	4	9	36

Table 7.10 : Analysis of one of the major tasks of the UHFPO approving T.A. bills

DIVISIONS	MEASURES				TARGET			DUTY			
	No. of respondents performing		Average No. times of fund sanctioned	No. of respondents		Average No. of fund sanctioned	Similar		Dis-similar		
	f	%		f	%		f	%	f	%	
Dhaka	5	83	78	-	-	-	5	83	-	-	
Chittagong	3	60	93	1	20	100	5	100	-	-	
Rajshahi	1	14	100	1	14	100	6	86	-	-	
Khulna	3	43	90	3	43	100	7	100	-	-	
Bangladesh	12	48	95	5	20	100	23	92	-	-	

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	83	-	-	3	50	2	33	-	-	4	67
Chittagong	5	100	-	-	3	60	2	40	-	-	-	-
Rajshahi	4	57	-	-	3	43	3	43	1	14	3	43
Khulna	6	86	-	-	5	72	1	14	-	-	1	14
Bangladesh	20	80	-	-	14	56	8	32	1	4	8	32

Table 7.11 : Analysis of one of the major tasks of the UHFPO : sanction of expenditure of funds for both health and family planning activities

DIVISIONS	MEASURES				DUTY			
	No. of respondents		Total No. of patients treated	Average No. of patients treated	Similar		Dissimilar	
	f	%			f	%	f	%
Dhaka	4	67	9120	2280	6	100	-	-
Chittagong	4	80	24650	6162	5	100	-	-
Rajshahi	4	57	9346	2336	6	86	-	-
Khulna	6	86	5846	974	6	86	-	-
Bangladesh	18	72	48962	2720	23	92	-	-

DIVISIONS	CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	-	-	6	100	-	-	2	23	3	50
Chittagong	3	60	-	-	1	20	4	80	1	20	-	-
Rajshahi	5	71	-	-	4	57	2	29	1	14	3	43
Khulna	7	100	-	-	7	100	-	-	-	-	1	14
Bangladesh	21	48	-	-	18	72	6	28	4	16	7	28

Table - 7.12 : Analysis of one of the major tasks of the UHFPO management of upazilla health complex

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average No. of allocation made	Similar		Dis-similar		Favour-able		Unfa-vour-able		Discre-pancy		No dis-crepancy		Necessary		Not-necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	3	50	57	3	50	-	-	3	50	-	-	2	33	-	-	-	-	1	17
Chittagong	3	60	48	5	100	-	-	5	100	-	-	4	80	1	20	1	20	1	20
Rajshahi	4	57	57	4	57	-	-	3	43	-	-	1	14	3	43	1	14	3	43
Khulna	4	57	40	7	100	-	-	6	86	-	-	6	86	-	-	-	-	-	-
Bangladesh	14	56	50	19	76	-	-	17	68	-	-	13	52	4	15	2	8	5	20

Table 7.14 : Analysis of one of the major task of the UHFPO : arranging allocation of upazilla performance targets among field workers.

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	Total No. of vacant positions	Average of vacant positions	Similar		Dis-similar		Favour-able		Unfa-vour-able		Discre-pancy		No dis-crepancy		Necessary		Not necessary	
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	115	23	5	83	-	-	5	83	-	-	2	33	2	33	1	17	2	33
Chittagong	146	29	4	80	-	-	5	100	-	-	5	100	-	-	-	-	1	20
Rajshahi	126	25	4	57	1	14	4	57	1	14	2	28	3	43	-	-	4	57
Khulna	125	21	7	100	-	-	6	86	-	-	6	86	-	-	-	-	-	-
Bangladesh	512	24	20	80	1	4	20	80	1	4	15	60	5	20	1	4	7	28

Table - 7.15 : Analysis of one of the major task of the UHFPO : mobilizing all available resources

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DIVISIONS	Measures				Duty				Condition				Performance discrepancy				Training required					
	No. of respon- dents		Satisfactory IEM Per- formance		Unsatisfactory IEM Per- formance		Similar		Dissimilar		Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	4	67	3	75	1	25	4	67	-	-	4	67	-	-	2	33	2	34	2	33	-	-
Chittagong	3	60	2	67	1	33	3	60	-	-	3	60	-	-	1	20	2	40	-	-	-	-
Rajshahi	2	29	2	100	-	-	2	29	1	14	2	29	-	-	2	29	-	-	1	14	1	14
Khulna	3	43	-	-	3	100	3	43	-	-	3	43	-	-	3	43	-	-	-	-	-	-
Bangladesh	12	48	7	58	5	42	12	48	1	4	12	48	-	-	8	32	4	16	3	12	1	4

Table - 7.16 : Analysis of one of the major task of the UNFPO : ensuring required IEM activities through the UFPO

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DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average contra-ceptive prevalence rate	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	2	33	38	3	50	-	-	3	50	-	-	3	50	-	-	2	33	-	-
Chittagong	1	20	30	4	80	-	-	4	80	-	-	2	40	2	40	1	20	4	-
Rajshahi	3	43	38	2	29	-	-	3	43	-	-	2	29	1	14	2	29	1	14
Khulna	3	43	22	3	43	-	-	3	43	-	-	3	42	-	-	-	-	-	-
Bangladesh	9	36	32	12	48	-	-	13	52	-	-	10	40	3	12	5	20	1	4

Table - 7.17 : Analysis of one of the major task of the UHFPO : ensuring availability of MSR medicines

Divisions	Measures		Average No. of acceptance vis-a-vis target clients etc.	Duty		Condition		Performance		Discrepancy		Training Required		Required						
	No. of respondents	Total No. of acceptance vis-a-vis target clients etc.		Similar	Dis-similar	Favour-able	un-favour-able	Discre-pancy	Discre-pancy	Necessary	Not necessary	Necessary	Not necessary							
														F	%	F	%	F	%	F
Dhaka	6	100	290	48	3	50	-	-	3	50	-	-	2	33	-	-	-	-	1	17
Chitta-gong	5	100	210	42	3	60	-	-	2	40	-	-	1	20	1	20	2	40	-	-
Rajshahi	6	85	113	19	2	29	1	14	2	29	-	-	1	14	2	29	1	14	2	29
Khulna	5	43	56	19	5	71	-	-	5	71	-	-	3	43	1	14	-	-	1	14
Bangla-desh	20	16	669	32	13	52	1	4	12	48	-	-	7	28	4	16	3	12	4	16

Table : 7.18 - Analysis of one of the major task of the UHFPO : ensuring service delivery and motivation of clients.

Divisions	No. of respondents		Measures	
	f	%	Total No. of field visits by the workers in the last month	Avera No. of field visit by the workers in the last month.
Dhaka	2	33	410	205
Chittagong	2	40	530	265
Rajshahi	3	43	540	180
Khulna	4	57	628	157
Bangladesh	11	44	208	120

Table : 7.19 - Measure of field visits by field workers in previous month as reported by the UHFPO.

Divisions	No. of respondents		Measures	
	f	%	Total No. of field visits by the UHFPO the last month	Average No. of field visit by the UHFPO the last month
Dhaka	2	33	48	24
Chittagong	1	20	14	14
Rajshahi	3	43	48	16
Khulna	2	29	19	10
Bangladesh	8	32	129	16

Table : 7.20 - Measure of Field visit by the UHFPO

Divisions	Measures				Duty				Condition			
	Number of respondents		Total No. of cases follow up last month	Average No. of cases followed up last month	Similar		Dis-similar		Favourable		Unfavourable	
	f	%			f	%	f	%	f	%	f	%
Dhaka	2	33	48	24	67	-	-	4	67	-	-	
Chittagong	4	80	82	21	4	80	-	-	4	80	-	
Rajshahi	4	57	112	28	4	57	-	-	3	43	-	
Khulna	5	71	175	35	5	71	-	-	5	71	-	
Bangladesh	15	60	417	28	17	68	-	-	16	64	-	

Divisions	Performance Discrepancy				Training Required			
	Discrepancy		Not Discrepancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%
Dhaka	3	50	-	-	1	17	1	17
Chittagong	2	40	2	40	1	10	-	-
Rajshahi	1	14	2	29	-	-	3	43
Khulna	1	14	1	14	-	-	2	29
Bangladesh	7	28	5	20	2	8	6	24

Table : 7.21 - Analysis of one of the major task of the UHFPO ensuring follow up of cases.

Divisions	Measures						Duty				Condition			
	No. of respondents		Action Taken		No Action taken		Similar		Dis-similar		Favour-able		Unfa-vourable	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Dhaka	3	50	3	100	-	-	3	50	-	-	3	50	-	-
Chittagong	5	100	5	100	-	-	5	100	-	-	5	100	-	-
Rajshahi	3	43	3	100	-	-	7	100	-	-	3	43	-	-
Khulna	4	57	4	100	-	-	3	43	-	-	3	43	-	-
Bangladesh	15	60	15	100	-	-	18	72	-	-	14	56	-	-

Divisions	Performance Discrepancy				Training Required			
	Discrepancy		No discrepancy		Necessary		Not Necessary	
	F	%	F	%	F	%	F	%
Dhaka	2	23	-	-	-	-	2	23
Chittagong	1	20	2	40	1	10	-	-
Rajshahi	1	14	2	29	1	14	1	14
Khulna	-	-	-	-	-	-	-	-
Bangladesh	4	16	4	16	2	8	3	12

Table - 7.22 : Analysis of one of the major task of the UHFPO : reviewing performance of staff and maintaining continued work progress.

Divisions	Measures				Duty		Condition					
	No. of respondents		Total No. of actual assess-ment of training need last year	Average no. of actual assess-ment of training need last year	Similar	Dis-similar	Favour-able	Un-favour-able				
	f	%			f	%	f	f	%	f	%	
Dhaka	1	17	6	6	3	50	-	-	3	50	-	-
Chittagong	1	20	6	6	2	40	-	-	2	40	-	-
Rajshahi	-	-	-	-	-	-	-	-	1	14	-	-
Khulna	1	14	1	1	5	71	-	-	5	71	-	-
Bangladesh	3	12	13	4	10	40	-	-	11	44	-	-

Divisions	Performance Discrepancy				Training Required			
	Discrepancy		No Discrepancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%
Dhaka	3	50	-	-	3	50	-	-
Chittagong	1	20	1	20	1	20	1	20
Rajshahi	1	14	-	-	1	14	-	-
Khulna	5	71	1	14	2	29	-	-
Bangladesh	10	40	2	8	7	28	1	4

Table : 7.23 - Analysis of one of the major task of the UHFPO : assessing requirement of training and submitting proposal to the civil surgeon and Dy. Director (FP) for arranging required training.

Divisions	Measures			
	No. of respondents		Total No. of proposal made last year	Average No. proposal made last year
	<u>f</u>	<u>%</u>	<u>f</u>	
Dhaka	2	33	3	2
Chittagong	2	40	7	3
Rajshahi	-	-	-	-
Khulna	2	29	10	5
Bangladesh	6	24	20	3

Table : 7.24 - Measure of Training Proposals made by the UHFPO.

Divisions	Measures				Duty				Condition			
	No. of respon- dents		Total No. of field workers and staff for whom area of respon- sibilities allocated	Average No. of field workers and staff for whom area of respon- sibilities allocated	Similar		Dis- similar		Favour- able		Unfa- borabl	
	f	%			f	%	f	%	f	%	f	%
Dhaka	3	50	215	72	3	50	-	-	3	50	-	-
Chittagong	2	40	88	44	2	40	-	-	2	40	-	-
Rajshahi	7	100	245	35	2	28	-	-	1	14	-	-
Khulna	7	100	220	31	6	86	-	-	6	86	-	-
Bangladesh	19	59	768	40	13	52	-	-	12	48	-	-

Divisions	Performance Discrepancy				Training Required			
	Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%
Dhaka	2	33	-	-	1	17	1	17
Chittagong	2	40	-	-	2	40	-	-
Rajshahi	1	14	1	14	1	14	1	14
Khulna	4	57	2	29	-	-	3	43
Bangladesh	9	36	3	12	4	16	5	20

Table - 7.25 : Analysis of one of the major task of the UHFPO :
Delineating area of responsibility among field workers
and supervisory staff.

Divisions	Measures				Duty				Condition			
	No. of respon- dents		Total No. of MOs	Average No. of MOs.	Similar		Dissimilar		Favou- rable		Unfavoura- ble	
	f	%		f	%	f	%	f	%	f	%	
Dhaka	5	89	25	5	5	83	-	-	5	83	-	-
Chittagong	2	40	10	5	2	40	-	-	2	40	-	-
Rajshahi	6	86	30	5	5	71	-	-	4	57	-	-
Khulna	6	86	20	3	6	86	-	-	6	86	-	-
Bangladesh	19	76	85	4	18	72	-	-	17	68	-	-

Divisions	Performance Discrepancy				Training Required			
	Discrepancy		No Discrepancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%
Dhaka	3	50	2	33	2	33	3	50
Chittagong	1	20	1	20	-	-	1	20
Rajshahi	2	29	2	29	1	14	3	43
Khulna	3	43	-	-	-	-	1	14
Bangladesh	9	36	5	20	3	12	8	32

Table : 7.26 - Analysis of one of the major task of the LHFPO of assign areas/Unions of Upazilla among MOs specifying FWCs, health subcentres, sterilization centres for each.

Divisions	MEASURES						DUTY			
	No. of Respondents		Availability		Non-availability		Similar		Dissimilar	
	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	4	67	2	33	6	100	-	-
Chittagong	3	75	1	25	4	80	-	-	4	80
Rajshahi	6	86	6	86	1	14	5	71	-	-
Khulna	7	100	5	71	2	29	7	100	-	-
Bangladesh	23	92	18	75	6	25	22	88	-	-

Divisions	Condition				Performance discrepancy				Training Required			
	Favourable		Un-favourable		Discrepancy		Non-discrepancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	83	-	-	4	67	1	17	3	50	2	33
Chittagong	4	80	-	-	1	20	3	60	-	-	1	20
Rajshahi	4	57	-	-	2	29	3	42	2	29	2	28
Khulna	7	100	-	-	1	14	-	-	1	14	-	-
Bangladesh	20	80	-	-	8	32	7	28	6	24	5	20

Table : 7.27 - Analysis of one of the major task of the UHFPO: maintaining records and submitting necessary reports and returns to higher authority.

225

Divisions	Measures				Duty		
	No. of respondents		Total No. of meeting with field workers last month	Average No. of meeting with field workers last months	Similar		Diss.
	f	%			f	%	f
Bhaka	6	100	20	3	6	100	-
Chittagong	5	100	21	4	5	100	-
Dajshahi	6	86	34	6	6	86	-
Mulna	7	100	68	10	7	100	-
Bangladesh	24	96	143	6	24	96	-

Divisions	Condition				Performance Discrepancy				Training Required			
	Favourable		Un-favourable		Discrepancy		No Discrepancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Bhaka	6	100	-	-	6	100	-	-	3	50	2	25
Chittagong	4	80	-	-	2	40	3	60	3	60	-	-
Dajshahi	4	57	-	-	1	14	4	57	2	29	2	25
Mulna	6	86	-	-	5	71	-	-	1	14	-	-
Bangladesh	20	80	-	-	14	56	7	28	9	36	4	20

Table : 7.28 - Analysis of one of the major task of the UHFPO : meeting with field workers.

Divisions	Measures		Duty		Condition		Performance		Training		required.	
							Discrepancy		Necessary			
	No. of respondents	Total No. of meeting with member, Chairman of Union Parishad last month	Average No. meeting with members Chairman of Union Parishad last month	Similar	Dis-similar	Favourable	Unfavourably	Discrepancy	No discrepancy	Necessary	Not necessary	
	f %		f %	f %	f %	f %	f %	f %	f %	f %	f %	
Dhaka	4 67	7 2	6 100	- -	6 100	- -	6 100	- -	3 50	2 33		
Chittagong	5 100	8 1	5 100	- -	4 80	- -	2 40	3 60	3 60	- -		
Rajshahi	5 71	16 3	6 86	- -	4 57	- -	1 14	4 57	2 28	2 29		
Khulna	7 100	75 11	7 100	- -	6 86	- -	5 71	- -	1 14	- -		
Bangladesh	21 84	106 5	24 96	- -	20 80	- -	14 56	7 28	9 36	4 16		

Table : 7.29 - Analysis of one of the major task of the UHFPO: meeting with U.P. Chairman & Members.

122

822

Divisions	Measures				Duty		Condition				Performance discrepancy				Training required					
	No. of respondents	Total No. of meetings with influential leaders last month	Average No. of meetings with influential leaders last month	Similar	Dis-similar	Favourable	Un-favourable	Discrepancy	No discrepancy	Necessary	Not Necessary									
	f	%		f	%	f	%	f	%	f	%	f	%	f	%					
Dhaka	2	33	2	1	6	100	-	-	6	100	-	-	6	100	-	=	3	50	2	33
Chittagong	2	40	2	1	2	40	-	-	4	80	-	-	2	40	3	60	3	60	-	-
Rajshahi	2	29	5	3	6	86	-	-	4	57	-	-	1	14	4	57	2	29	2	28
Khulna	5	71	64	13	7	100	-	-	6	86	-	-	5	71	-	-	1	14	-	-
Bangladesh	11	44	73	7	21	84	-	-	20	80	-	-	14	56	7	28	9	36	4	16

Table : 7.30 - Analysis of one of the major task of the UHFPO : meeting with other local influential leaders.

1622

Divisions	Measures				Duty				Condition				Performance Discrepancy				Training required									
	No. of respon-		dents		Average No. of		Union		visi-		Dis-		Favou-		Unfav-		Discre-		No		Discre-		Necessary		Not	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	100	29	5	6	100	-	-	6	100	-	-	6	100	-	-	3	50	2	33						
Chittagong	5	100	24	5	5	100	-	-	4	80	-	-	2	40	3	60	3	60	-	-						
Rajshahi	6	86	60	10	6	86	-	-	4	57	-	-	1	14	4	57	2	29	2	28						
Khulna	7	100	54	7	7	100	-	-	6	86	-	-	5	71	-	-	1	14	-	-						
Bangladesh	24	96	167	7	24	96	-	-	20	80	-	-	14	56	7	28	9	36	4	14						

Table - 7.31 Analysis of one of the major task of the UHFPO on visit to Unions

DIVISIONS	MEASURES				DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Total No. of village visited	Average No. of village visited	Similar	Dis- similar	Favour able	Unfa- vour- able	Discre- pancy	Nodis- crepancy	Necessary	Not necessary								
	f	%			f	%	f	%	f	%	f	%	f	%	f	%				
Dhaka	6	100	116	19	6	100	-	-	6	100	-	-	6	100	3	50	2	33		
Chittagong	5	100	57	11	5	100	-	-	4	80	-	-	2	40	3	60	-	-		
Rajshahi	6	86	251	41	6	86	-	-	4	57	-	-	1	14	4	57	2	28		
Khulna	6	86	115	19	7	100	-	-	6	86	-	-	5	71	-	-	1	14		
Bangladesh	23	92	509	22	24	96	-	-	20	80	-	-	14	56	7	28	9	36		

Table 7.32 : Analysis of one of the major task of the UHFPO : visit to villages.

102

Divisions	Measures				Duty		Condition				Performance discrepancy		Trained Required							
	No. of respon- dents	Total No. of time FWCs sub- centres visited	Ave. No. of time FWCs sub- centres visited	Similar	Dis- similar	Favour- able	Un- favour- able	Discre- pancy	No Discre- pancy	Necess- ary	NOT necess- ary									
	f %	f %	f %	f %	f %	f %	f %	f %	f %	f %	f %	f %								
Dhaka	5	83	15	3	6	100	-	0	6	100	-	-	6	100	-	-	3	50	2	33
Chittagong	4	60	16	4	5	100	-	-	4	80	-	0	2	40	3	60	3	60	-	-
Rajshahi	6	86	85	14	6	86	-	-	4	57	-	-	1	14	4	57	2	29	2	29
Khulna	7	100	30	4	7	100	-	-	6	86	-	-	5	71	-	-	1	14	-	0
Bangladesh	22	88	146	7	24	96	-	-	20	80	-	-	14	56	7	28	9	36	4	16

Table : 7.33 - Analysis of one of the major task of the UHFPO :
visit to FWCs subcentres.

237

Divisions	Measures			Duty		Condition				Performance discrepancy		Training required							
	No. of respon- dents		Ave. No. of work- ers assi- gned.	Similar	Dis- similar	Favourable		Un- favourable		Discre- pancy	No Discre- pancy	Necessary		Not necessary					
	f	%		f	%	f	%	f	%	f	%	f	%	f	%				
Dhaka	7	100	38	7	100	-	-	7	100	0	-	3	43	4	57	1	14	6	86
Chittagong	4	100	23	4	100	-	-	4	100	-	-	2	50	1	25	2	50	-	-
Rajshahi	5	83	42	5	83	-	-	4	67	1	16	1	17	5	83	2	33	4	67
Khulna	5	100	40	5	100	-	-	5	100	-	-	5	100	-	-	-	-	1	20
Bangladesh	21	95	37	21	95	-	-	20	90	1	5	11	50	10	45	5	23	10	45

Table : 7.34 - Analysis of one of the Major task of UFPO :
assigning targets to individual workers.

322

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average No. of times supplies delivered last month	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	3	43	1	7	100	-	-	7	100	-	-	4	57	2	29	1	14	4	57
Chittagong	1	25	1	4	100	-	-	4	100	-	-	2	50	2	50	1	25	2	50
Rajshahi	6	100	1	4	67	2	33	5	83	1	17	2	33	4	67	-	-	6	100
Khulna	3	60	1	5	100	-	-	4	80	1	20	4	80	1	20	-	-	2	40
Bangladesh	13	59	1	20	91	2	9	20	91	2	9	12	54	9	41	9	34	64	

Table - 7.35 : Analysis of one of the major task of UFPO : Providing logistics and support to staff

DIVISIONS	MEASURES			DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Average Number	Similar		Dis- similar		Favour- able		Unfavour- able		Discre- pancy		No discre- pancy		Necessary		Not necessary	
	f	%		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	4	57	10	7	100	-	-	6	86	-	-	3	43	3	43	1	14	4	57
Chittagong	2	50	12	4	100	-	-	4	100	-	-	2	50	2	50	2	50	-	-
Rajshahi	4	67	18	6	100	-	-	5	83	-	-	-	-	5	83	-	-	6	100
Khulna	4	80	11	5	100	-	-	4	80	1	20	3	60	1	20	-	-	2	40
Bangladesh	14	64	13	22	100	-	-	19	86	1	5	8	36	11	50	3	14	12	54

Table - 7.36 : Analysis of one of the major task of UFPO on supervising field workers

22

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average No. of information collection	Similar		Dissimilar		Favourable		Unfavourable		Discrepancy		No discrepancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	5	71	23	7	100	-	-	7	100	-	-	3	43	3	43	1	14	3	43
Chittagong	2	50	10	3	75	-	-	3	75	-	-	1	25	2	50	1	25	1	25
Rajshahi	4	67	60	5	83	1	17	5	83	-	-	2	33	4	67	1	17	5	83
Khulna	3	60	10	4	80	1	20	4	80	1	20	1	20	-	-	1	20	-	-
Bangladesh	14	64	29	19	86	2	9	19	86	1	5	7	32	9	41	4	18	9	41

Table - 7.37 : Analysis of one of the major task of UFPO : monitoring progress in programme implementation

Divisions	No. of respondent	Total No. of Field visits last month;	Average No. of field visited last month	
Dhaka	6	86	28	5
Chittagong	3	75	37	12
Rajshahi	5	83	68	14
Khulna	4	80	33	8
Bangladesh	18	82	166	9

Table - 7.38 : Measure of Field visits made by the UFPO

132

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average No. of regular attendance in last month	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	7	100	94	7	100	-	-	6	86	1	14	4	57	2	29	1	14	4	57
Chittagong	4	100	95	4	100	-	-	4	100	-	-	1	25	3	75	1	25	1	25
Rajshahi	6	100	95	5	83	-	-	4	67	-	-	3	50	3	50	-	-	6	100
Khulna	5	100	98	5	100	-	-	4	80	1	20	4	80	1	20	-	-	4	80
Bangladesh	22	100	95	21	95	-	-	18	82	2	9	12	54	9	41	2	9	15	68

Table 7.39: Analysis of one of the major task of UFPO : Checking attendance register

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average No. of such checks	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	7	100	19	7	100	-	-	7	100	-	-	2	29	4	57	-	-	5	71
Chittagong	4	100	6	4	100	-	-	3	75	-	-	1	25	2	50	1	25	1	25
Rajshahi	4	67	23	5	83	-	-	4	67	-	-	1	17	3	50	-	-	3	50
Khulna	5	100	24	5	100	-	-	5	100	-	-	-	-	1	20	-	-	1	20
Bangladesh	20	91	18	21	95	-	-	19	86	-	-	4	18	10	46	36	1	5	10

Table 7.40 : Analysis of one of the major task of UPPO : Checking tour programmes and diaries.

DIVISIONS	No. of respondents		MEASURES				Similar		DUTY		CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
			Files maintained properly		File not maintained properly				Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Neces-sary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	7	100	6	86	1	14	7	100	-	-	7	100	-	-	4	57	3	43	2	28	3	43
Chittagong	4	100	4	100	-	-	4	100	-	-	3	75	-	-	1	25	2	50	1	25	1	25
Rajshahi	5	83	5	100	-	-	6	100	-	-	6	100	-	-	1	17	4	67	1	16	4	67
Khulna	5	100	5	100	-	-	5	100	-	-	3	60	2	40	2	40	-	-	-	-	1	20
Bangladesh	21	95	20	95	51	5	22	100	-	-	19	86	2	9	8	36	9	41	4	18	9	41

Table - 7.41 : Analysis of one of the major tasks of UFPO : maintenance of personal files of sub-ordinates.

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Average frequency of checking last month	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No. discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	4	57	5	7	100	-	-	4	57	-	-	2	29	2	28	-	-	2	29
Chittagong	4	100	12	4	100	-	-	4	100	-	-	2	50	1	25	1	25	1	25
Rajshahi	4	67	13	6	100	-	-	3	50	-	-	3	50	1	17	2	33	2	33
Khulna	4	80	5	5	100	-	-	4	80	1	20	3	60	2	40	-	-	3	60
Bangladesh	16	73	9	22	100	-	-	15	68	1	5	10	46	6	27	3	14	8	36

Table - 7.42 : Analysis of one of the major tasks of UFPO ; checking home visit of workers

112

Divisions	Measures						Duty				Condition				Performance discrepancy				Training required.			
	No. of respondent:		Sending report in time		Discrepancy		Similar		Dis-similar		Favour-able		Un-favour-able		Discrepancy		No discre-pancy		Necess-ary		Not necess-ary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	71	5	100	-	-	7	100	-	-	7	100	-	-	3	43	4	57	1	14	6	86
Chittagong	4	100	4	100	-	-	4	100	-	-	4	100	-	-	1	25	3	75	1	25	1	25
Rajshahi	4	67	4	100	-	-	6	100	-	-	4	67	-	-	1	17	3	50	-	-	4	67
Khulna	5	100	4	80	1	20	5	100	-	-	5	100	-	-	3	60	1	20	1	20	2	40
Bangladesh	18	82	17	94	1	6	22	100	-	-	20	91	-	-	8	36	11	50	3	14	13	59

Table - 7.43 : Analysis of one of the Major Tasks of UHFPO: writing confidential report.

Divisions	No. of respondents		Measures				Duty				Condition				Performance Discrepancy				Training required.			
			Initiation		No		Similar		Dis-		Favour-		Un-		Discre-		No		Necess-		Not	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	71	3	60	2	20	4	57	-	-	1	14	3	43	2	29	2	29	1	14	2	29
Chittagong	3	75	-	-	3	100	3	75	-	-	2	50	-	-	1	25	1	25	1	25	1	25
Rajshahi	3	50	1	17	2	33	3	50	1	17	3	50	-	-	3	50	1	17	1	17	3	50
Khulna	5	100	3	60	2	40	5	100	-	-	3	60	1	20	4	80	-	-	2	40	1	20
Bangladesh	16	73	7	44	9	56	15	68	1	5	9	41	4	18	10	46	4	18	5	23	7	32

Table : 7.44 - Analysis of one of the major tasks of UFPO : -
on initiating disciplinary action.

Divisions	Measure						Duty				Condition				Performance Discrepancy				Training required.				
	No. of respon- dents		Time submission		No Timely submission		Similar		Dis- similar		Favour- able		Un- favour- able		Discre- pancy		No discre- pancy		Necess- ary		Not necess- ary		
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f
Dhaka	6	85	5	71	1	14	6	86	-	-	6	86	-	-	2	29	4	57	-	-	6	86	
Chittagong	4	100	3	75	1	25	4	100	-	-	4	100	-	-	1	25	2	50	1	25	1	25	
Rajshahi	5	83	5	100	-	-	5	83	-	-	5	83	-	-	2	33	3	50	1	17	3	50	
Khulna	5	100	3	60	2	40	5	100	-	-	2	40	2	40	2	40	2	40	-	-	2	40	
Bangladesh	20	91	16	73	4	18	20	81	-	-	17	77	2	9	7	32	11	50	2	9	12	55	

Table : 7.45 - Analysis of one of the major tasks of the UFPO :
preparing & submitting bills.

122

Divisions	Measures						Duty		Condition				Performance discrepancy				Training required.					
	No. of respondents	Timely and payment to payee		Drawing		Similar	Dis-similar	Favour-able		Un-favour-able		Discre-pancy		No Discre-pancy		Necess-ary	No necess-ary					
		f	%	f	%			f	%	f	%	f	%	f	%		f	%	f	%		
Dhaka	7	100	7	100	-	-	7	100	-	-	7	100	-	-	4	57	3	43	-	-	6	86
Chittagong	4	100	3	75	1	25	4	100	-	-	4	100	-	-	1	25	3	75	-	-	2	50
Rajshahi	6	100	6	100	-	-	6	100	-	-	5	83	-	-	2	33	4	67	-	-	6	100
Khulna	5	100	5	100	-	-	5	100	-	-	4	80	1	20	1	20	2	40	-	-	2	40
Bangladesh	22	100	21	95	1	5	22	100	-	-	20	90	1	5	8	36	12	55	-	-	16	73

Table : 7.46 - Analysis of one of the major tasks of UFPO : drawing and disbursement.

5/2

Divisions	Measures			Duty				Condition				Performance Discrepancy				Training required			
	No. of respondents		Average	Similar		Dis-similar		Favourable		Un-favourable		Discrepancy		No discrepancy		Necessary		Not necessary	
	f	%		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	3	43	24	7	100	-	-	7	100	-	-	4	57	3	43	2	29	5	71
Chittagong	4	100	20	4	100	-	-	4	100	-	-	1	25	3	75	1	25	1	25
Rajshahi	3	50	8	5	83	1	17	4	67	-	-	-	6	100	1	17	5	83	
Khulna	4	80	10	5	100	-	-	5	100	-	-	3	60	1	20	2	40	1	20
Bangladesh	14	64	16	21	95	1	5	20	91	-	-	8	36	13	59	6	27	12	55

Table : 7.47 - Analysis of one of the Major tasks of UFPO: maintaining cash book and submitting expenditure statement.

9/72

Divisions	Measures						Duty				Condition				Performance discrepancy				Training required			
	No. of respon-		Submitting indents		in Time		Similar		Dis-similar		Favour-able		Un-favour-able		Discre-pancy		discre-pancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	7	100	7	100	-	-	7	100	-	-	7	100	-	-	4	57	3	43	-	-	7	100
Chittagong	4	100	4	100	-	-	4	100	-	-	3	75	-	-	1	25	3	75	1	25	2	50
Rajshahi	6	100	6	100	-	-	6	100	-	-	4	67	-	-	1	17	4	67	-	-	5	83
Khulna	5	100	5	100	-	-	5	100	-	-	4	80	-	-	3	60	-	-	-	-	2	40
Bangladesh	22	100	22	100	-	-	22	100	-	-	18	82	-	-	9	41	10	45	1	5	16	72

Table : 7.48 - Analysis of one of the major tasks of UFPC: submitting indent to district officer.

LM

Divisions	Measures		Duty				Condition				Performance discrepancy				Training required				
	No. of respondents	Average No. of stock out	Similar		Dis-similar		Favour-able		Un-favour-able		Discre-pancy		No discre-pancy		Necessary		Not Necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	5	71	1	6	86	-	-	6	86	-	-	1	14	5	71	-	-	6	86
Chittagong	4	100	2	4	100	-	-	4	100	-	-	1	25	3	75	1	25	1	25
Rajshahi	5	83	1	6	100	-	-	3	50	-	-	-	-	6	100	1	17	5	83
Khulna	2	40	2	3	60	-	-	3	60	-	-	-	-	1	20	-	-	1	20
Bangladesh	16	73	2	19	86	-	-	16	73	-	-	2	9	15	68	2	9	13	59

Table - 7.49 : Analysis of one of the Major tasks of UFPO: maintaining stores accounts.

8/2

Divisions	Measures		Duty		Condition				Performance Discrepancy				Training Required.						
	No. of respondents	Average No. of poster and leaflets	Similar	Dis-similar	Favour-able		Un-favour-able		Discre-pancy	No Discre-pancy		Necessary		Not Necessary					
					f	%	f	%		f	%	f	%	f	%	f	%		
Dhaka	7	100	110	7	100	-	-	7	100	-	-	5	71	2	29	1	14	6	86
Chittagong	4	100	180	4	100	-	-	4	100	-	-	3	75	1	25	2	50	-	-
Rajshahi	5	83	188	6	100	-	-	6	100	-	-	3	50	2	33	1	17	3	50
Khulna	2	40	100	4	80	-	-	4	80	-	-	3	60	-	-	-	-	2	40
Bangladesh	18	82	151	21	95	-	-	21	95	-	-	14	63	5	23	4	18	11	50

Table : 7.50 - Analysis of one of the major tasks of UFPO:
IEM - activities

Divisions	No. of respondents		Total No. of filmshow and folk talent team	Average No. of film show and folk talent team
	f	%		
Dhaka	2	29	2	1
Chittagong	3	75	5	2
Rajshahi	4	67	9	2
Khulna	3	60	4	1
Bangladesh	12	55	20	2

Table - 7.51 : Measure of film shows a folk songs organized by the UPPO

DIVISIONS	MEASURES				DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Total No. of anti- natal care last month	Average No. of anti- natal care last month	Similar	Dis- similar		Favour- able	Unfa- vour- able		Discre- pancy	No dis- crepancy		Necessary		Not- necessary				
	f	%	f		f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Dhaka	5	71	1885	377	5	71	1	14	4	57	-	-	4	57	3	43	1	14	5	71
Chittagong	3	75	854	285	3	75	-	-	3	75	-	-	2	50	-	-	1	25	-	-
Rajshahi	5	83	5769	1153	4	67	-	-	4	67	-	-	2	33	2	33	2	33	2	33
Khulna	5	100	945	189	5	100	-	-	5	100	-	-	4	80	-	-	2	40	2	40
Bangladesh	18	82	9453	525	17	77	1	5	16	73	-	-	12	54	5	22	6	27	9	41

Table - 7.52 : Analysis of one of the major tasks of UFPO : MCH activities

Divisions	No. of respondents		Total No. of natal care last month	Average No. of natal care last month
	f	%		
Dhaka	5	71	550	110
Chittagong	2	50	205	201
Rajshahi	5	89	5404	1080
Khulna	4	80	708	177
Bangladesh	16	73	6867	429

Table - 7.53 : Measure of natal care by UFPO last month

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED					
	No. of respondents		Average		Similar		Dis-similar		Favour-able		Un-favour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	3	43	67		3	43	-	-	2	29	-	-	3	43	-	-	2	29	1	14
Chittagong	2	50	250		2	50	-	-	2	50	-	-	1	25	1	25	-	-	-	-
Rajshahi	3	50	91		2	33	1	17	3	50	-	-	2	33	1	17	1	17	2	33
Khulna	5	100	130		4	80	-	-	4	80	1	20	5	10	-	-	3	60	2	40
Bangladesh	13	59	125		11	50	1	5	11	50	1	5	11	50	2	9	6	27	5	23

Table - 7.54 : Analysis of one of the major tasks of UFPO : Persuading mothers for delivery in MCWC, FWC or through trained attendants

122

DIVISIONS	MEASURES						DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Attempts made		Attempts not made		Similar		Dis- similar		Favour- able		Unfa- vour- able		Discre- pancy		No dis- cre- pancy		Neces- sary		Not neces- sary	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	6	86	6	86	1	14	6	86	-	-	6	86	-	-	1	4	5	72	1	14	4	57
Chittagong	4	100	4	100	-	-	3	75	-	-	3	75	-	-	-	-	2	50	-	-	1	25
Rajshahi	6	100	6	100	-	-	4	66	1	17	4	67	-	-	1	17	3	50	1	17	3	50
Khulna	5	100	5	100	-	-	2	40	-	-	5	100	-	-	2	40	1	20	1	20	1	20
Bangladesh	21	95	21	95	1	5	15	68	1	5	18	82	-	-	3	14	11	50	3	14	9	41

Table - 7.55 : Analysis of one of the major tasks of UFPO : sanitation and parasite control

152

DIVISIONS	MEASURES				DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Total No. of train- ing held last year	Average No. of train- ing held last month	Similar	Dis- similar			Favour- able	Unfa- vour- able		Discre- pancy		No dis- cre- pancy		Necessary		Not neces- sary		
	f	%			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	3	43	1	1	4	57	1	14	3	43.2	29	3	49	2	25	2	28	3	43	
Chittagong	2	50	8	4	2	50	-	-	2	50	1	25	2	50	1	25	1	25	1	25
Rajshahi	4	67	15	4	-	-	5	83	4	67	-	-	3	50	2	33	2	33	2	33
Khulna	5	100	11	2	5	100	-	-	3	60	1	20	4	80	1	20	4	80	1	20
Bangladesh	14	64	35	3	16	727	1	5	12	55	4	18	12	55	6	27	9	41	7	32

Table - 7.56 : Analysis of one of the major tasks of UFPO : organizing training of field workers

Divisions	Measures				Target			Duty					
	No. of respon- dents		No. of meet- ing held last year		No. of mee- ting held last year		No. of respon- dents of target			Similar		Dis- similar	
	f	%			f	%	f	%	f	%	f	%	
Dhaka	7	100	87	12	1	14	12	63	86	-	-		
Chittagong	4	100	39	10	2	50	8	4	100	-	-		
Rajshahi	5	83	68	14	1	17	12	5	83	-	-		
Khulna	5	100	60	12	41	80	15	5	100	-	-		
Bangladesh	21	95	254	12	8	36	13	20	91	-	-		

Divisions	Condition				Performance Discrepancy				Training Required			
	Favour- able		Unfavour- able		Discre- pancy		No Discre- pancy		Necessary		Not Necessary	
	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	5	72	1	14	2	29	3	43	-	-	5	71
Chittagong	3	75	-	-	1	25	2	50	-	-	1	25
Rajshahi	5	83	-	-	1	17	3	50	1	17	4	66
Khulna	3	60	1	20	2	40	1	20	-	-	1	20
Bangladesh	16	73	2	9	6	27	9	41	1	5	11	22

Table : 7.57 - Analysis of one of the major tasks of UFPO :
holding periodic review meeting with the field workers.

255

DIVISIONS	MEASURES		DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED				
	No. of respondents	Percentage of time supervision last year	Similar		Dis-similar		Favour-able		Unfavour-able		Discre-pancy		No discre-pancy		Necessary		Not necessary		
			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	6	86	55	7	100	-	-	7	100	-	-	4	57	3	43	2	29	4	57
Chittagong	4	100	52	4	100	-	-	4	100	-	-	2	50	2	50	1	25	-	-
Rajshahi	6	100	50	6	100	-	-	5	83	-	-	2	33	3	50	2	33	3	5
Khulna	5	100	48	4	80	1	20	3	60	1	20	4	80	-	-	1	20	2	40
Bangladesh	21	95	51	21	95	1	5	9	86	1	5	12	55	8	36	6	27	9	41

Table - 7.58 : Analysis of one of the major tasks of UFPO : supervision of FWCs, MCH Centres and involved staff

132

DIVISIONS	Measures		Average No. of patient examined and diagnosed	Duty		Condition				Performance discrepancy				Training required						
	No. of respondents	Total patient examined & diagnosed		Similar	Dis-similar	Favour-able		Unfa-vour-able		Discre-pancy	No dis-crepancy		Neces-sary	Not necessary						
						f	%	f	%		f	%		f	%	f	%	f	%	
Dhaka	5	100	1491	208	5	100	-	-	5	100	-	-	5	100	-	-	1	20	2	40
Chittagong	4	80	2646	662	5	100	-	-	5	100	-	-	2	40	3	60	4	20	2	40
Rajshahi	4	100	2226	556	4	100	-	-	4	100	-	-	3	75	1	25	1	25	2	50
Khulna	3	100	515	171	3	100	-	-	3	100	-	-	3	100	-	-	1	33	-	-
Bangladesh	16	94	6878	430	17	100	-	-	17	100	-	-	13	76	4	24	4	24	6	35

Table - 7.59 : Analysis of one of the major tasks of MOs : examination and diagnosis of patients

Divisions	Measures				Duty				Condition				Performance Discrepancy				Training required			
	No. of respon-		No. of Average		Similar Dis-		Favour- Un-		Discre-		Discre-		Necessary		Not					
	dents	crip-	number	of pre-	similar	able	favour-	able	pancy	No	pancy	Discre-	Discre-	necessary	necessary					
f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%			
Senka	5	100	1804	360	5	100	-	-	5	100	-	-	2	40	2	40	1	20	2	40
Chittagong	4	80	2456	614	5	100	-	-	5	10	-	-	1	20	3	60	-	-	2	40
Rajshahi	4	100	2304	576	4	100	-	-	4	100	-	-	3	100	-	-	-	-	1	25
Khulna	3	100	1900	633	3	100	-	-	3	100	-	-	3	100	-	-	-	-	1	33
Bangladesh	16	94	8464	529	17	100	-	-	17	100	-	-	8	47	7	41	2	12	6	35

Table :7.60 - analysis of one of the major task of MOs :
 Prescribing medicine to patients.

2/5

Divisions	Measures			Duty				Conditio				Performance discrepancy				Training required			
	No. of respon-		Average No. imparted	Similar		Dis-similar		Favour-able		Un-favour-able		Discre-pancy		No Discre-pancy		Necessary		Not necessary	
	f	%		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	4	80	225	4	80	-	-	2	40	-	-	2	40	1	20	1	20	1	20
Chittagong	3	60	767	3	60	-	-	3	60	-	-	1	20	1	20	-	-	1	20
Rajshahi	2	50	300	2	50	-	-	2	50	-	-	2	50	-	-	1	25	1	25
Khulna	3	100	133	3	100	-	-	3	100	-	-	3	100	-	-	1	33	-	-
Bangladesh	12	71	410	12	71	-	-	10	59	-	-	8	47	2	12	3	18	3	18

Table : 7.61 - Analysis of one of the major task of MOs :
 Conselling and imparting health-education.

092

DIVISIONS	MEASURES				DUTY				CONDITION				PERFORMANCE DISCREPANCY				TRAINING REQUIRED			
	No. of respon- dents		Total cases of re- ferral last month	Average case of referral last month	Similar		Dis- similar		Favour- able		Unfa- vour- able		Discre- pancy		No dis- crepancy		Necessary		Not necessary	
	f	%			f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Dhaka	3	60	16	5	3	60	-	-	3	60	-	-	2	40	1	20	1	20	1	20
Chittagong	4	80	35	9	3	60	-	-	3	60	-	-	3	60	1	20	1	20	1	20
Rajshahi	3	75	36	12	4	100	-	-	4	100	-	-	1	25	3	75	1	25	2	50
Khulna	2	67	25	12	2	67	-	-	2	67	-	-	1	33	1	33	-	-	1	33
Bangladesh	12	71	112	9	12	29	-	-	12	70	-	-	7	41	6	35	3	17	5	29

Table - 7.62 : Analysis of one of the major task of MOs : referring patients to specialists

Divisions	Measures			Duty		Condition		Performance Discrepancy		Training Required										
	No. of respondents	No. of cases followed up	Average No. of cases followed up last month	Similar	Dis-similar	Favour-able	Un-favour-able	Discre-pancy	No Discre-pancy	Necessary	Not necessary	Required								
												f	%							
Dhaka	5	100	89	18	5	100	-	-	5	100	-	-	4	80	1	20	2	40	1	20
Chittagong	5	100	89	18	5	100	-	-	5	100	-	-	1	25	3	75	-	-	2	40
Rajshahi	4	1.0	188	47	4	100	-	-	4	100	-	-	1	25	3	75	-	-	2	50
Khulna	3	100	55	18	3	100	-	-	2	67	-	-	-	-	1	33	-	-	1	33
Bangladesh	17	100	421	25	17	100	-	-	16	94	-	-	6	35	9	53	2	12	6	35

Table : 7.63 - Analysis of one of the Major task of MOs: follow up of clients.

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Divisions	Measures				Duty				Condition				Performance discrepancy				Training Required			
	No. of respon- dents		No. of immu- cases of nised immu- last month	Ave.No. of cases nised last month	Similar	Dis- similar	Favou- rable	Un- favou- rable	Discre- pancy	No discre- pancy	Necessary	Not necessary								
	f	%		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Dhaka	3	60	256	86	3	60	-	-	3	60	-	-	3	60	-	-	1	20	-	-
Chittagong	2	40	35	17	3	60	-	-	3	60	-	-	2	40	1	20	1	20	1	20
Rajshahi	-	-	-	-	1	25	-	-	1	25	1	25	1	25	-	-	-	-	-	-
Khulna	1	33	100	100	1	33	-	-	1	33	-	-	1	33	-	-	-	-	-	-
Bangladesh	6	35	391	23	8	47	-	-	8	47	1	6	7	41	1	6	2	12	2	12

Table : 7.64 - Analysis of one of the Major Task of MOs :
immunization.