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AN ASSESSMENT OF
MANAGEMENT OF THE
BANGLADESH POPULATION PROGRAM

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CONTENTS

Executive Summary	i
Introduction	1
Part A. Description of Service Delivery System by Levels	
Introduction	3
1. Organizational Structure	4
2. Village and Ward	10
3. Union	14
4. Thana or Upazilla	17
5. District	20
6. Subdivision	22
7. Central	23
Part B. Overall Strategies	
Introduction	25
8. Autonomy vs. Integration	26
9. National Council for Population Control	28
10. Reorganization for Functional Integration	30
11. Private-Government Interface	35
12. Decentralization of Innovating	38
13. Center-to-field Communication	40
14. Reimbursements and Awards	42
Part C. Management Systems	
Introduction	48
15. Policy and Planning	49
16. Budget and Finance	53
17. Manpower	60
18. Community Involvement	84
19. Logistics and Supply	91
20. Management Information	92
Part D. Technical Assistance	95

Tables

1. Project Categories and Approval Authority p. 54
2. Manpower Systems: Selected Data see pocket

Figures

1. Ministry of Health and Population Control (Population Wing) p. 5
2. Revised Organization: Directorate General of Population Control, Ministry of Health and Population Control p. 6
- 3A. Current NIPORT Organizational Structure p. 7
- 3B. NIPORT Organization Chart (Proposed) p. 8
4. Field Organization in the MOHPC Population Program (11/83) p. 9
5. Proposed Revised Organizational Structure of Selected Positions from District through Ward Levels. p. 33
6. Second-choice Revised Organizational Structure p. 34
7. Nature of Relationships among Different Motivators of Family Planning Acceptors Resulting from Various Payment Schemes: Union Level and Below p. 43
8. Nature of Relationships among Different Motivators of Family Planning Acceptors Resulting from Various Payment Schemes: Upazilla and District Levels p. 44
9. Proposed System of Relationships within and among Different Levels of Motivators of FP Acceptors Resulting from Various Payment Schemes p. 47
10. Stock-and-Flow Model for Manpower Planning p. 63
11. Quantitative Aspects of Supervision p. 71

Annexes

- Annex I Scope of Work p. 96
- Annex II Improving the Functioning of the Thana Health Complex (THC) (Outline for Discussion) p. 98
- Annex III Sanctioned and Required Positions of Officers and Staff of Training Unit, NIPORT p. 101
- Annex IV Compositions of the Reconstituted Population Control Committees p. 102

Abbreviations

ACS	Assistant Civil Surgeon
ADP	Annual Development Plan
AHI	Assistant Health Inspector
ATFPO	Assistant Thana Family Planning Officer
BGD	Bangladesh Government
BRAC	Bangladesh Rural Action Committee
CDP	Contraceptive Distribution Point
CMLA	Chief Martial Law Administrator
CPMR	Centre for Population Management & Research
CPR	Contraceptive Prevalence Rate
CS	Civil Surgeon
DC	Deputy Commissioner
DDFP	Deputy Director Family Planning
DDO	Drawing and Dispensing Officer
DG	Director General
DQIT	District Quality Improvement Team
DTC	District Training Centre
DTT	District Training Team
ECNEC	Executive Committee of the National Economic Council
FP or fp	Family Planning
FPA	Family Planning Assistant
FPSTC	Family Planning Service and Training Centre
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitor Training Institute
GOTA	Government Officers Training Academy
HA	Health Assistant
H&FWC	Health and Family Welfare Centre

HI	Health Inspector
HSC	Health Sub-Centre
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
MA	Medical Assistant
MCH	Maternal & Child Health
MCWC	Maternal and Child Welfare Centre
MO	Medical Officer
MOHPC	Ministry of Health & Population Control
NCPC	National Council for Population Control
NIPORT	National Institute of Population Research & Training
NIPSOM	National Institute of Preventive and Social Medicine
PC/PEC	Planning Commission Project Evaluation Committee
PCC	Population Control Committee
PCD	Population Control Directorate
PEC	Project Evaluation Committee
PFC	Project Finance Cell
PHC	Primary Health Care
PL Account	Personal Ledger Account
RD	Rural Dispensary
SDFPO	Sub-Division Family Planning Officer
SFYP	Second Five Year Plan
TFPO	Thana Family Planning Officer
TFYP	Third Five Year Plan
TH&FPO	Thana Health & Family Planning Officer
UHC	Upazilla Health Complex
UNO	Upazilla Nirbahi Officer
UPCC	Union Population Control Committee
UZPCC	Upazilla Population Control Committee

Executive Summary

The following are selected, key recommendations from this report:

NCPC

The BDG has established the NCPC as a cabinet-level population policy body. This institution would be far more effective if it had a full-time staff.

Recommendation: Establish a full-time high-level Executive Secretary for the NCPC.

Functional Integration

The MOHPC's program has alternated between integration and separation at much-to-frequent intervals. Rather than trying to determine which is better - a virtually impossible task - a more important task at this point is to help the current 'functionally-integrated' program to succeed. It is necessary to institute some changes if this is to occur, primarily because there continues to be a major disruption to the program caused by the dual lines of authority from the CS and DDFP to the TH&FPO and TFPO.

Recommendation: Move the dual line of authority up one level in the system, converging at the District rather than the Upazilla level. Create a new post at District level for District Chief, Health and Family Planning (DCH&FP) - above both the CS and DDFP. The DCH&FP and the TH&FPO, at their respective levels, would have complete authority (including being DDO). Personnel from either the health or family planning side who obtain appropriate additional academic credentials in their weaker field would qualify to become DCH&FP or TH&PO. The Minister should clearly inform all DCH&FPs and TH&POs that of their dual responsibilities, family planning is at least as important as health.

Alternative Recommendation: If the health side is unwilling to allow the personnel and functional equality implied by this recommendation, the two wings should be separated, and attempts to reinstitute integration dropped.

District Training Teams

Currently, the only place in the system in which innovations may be initiated is in the Directorate and Ministry. This contradicts the government policy of decentralization. Opportunities should be created for people lower in the system to develop and implement (within overall guidelines) improved procedures for achieving program objectives.

Recommendation: Expand the current District Training Team (of two professionals) to six or seven people. Add to their current responsibilities: (a) mobile training in Upazillas and Unions of program staff and Population Control Committee members, (b) supportive supervision of Upazilla supervisors, and (c) promotion of innovations (such as implementation procedures for community award schemes and stimulation of local groups to promote family planning). Funds for these activities should be administered by the Team separately from regular program funds.

NIPORT

NIPORT's plans for its structural revision, as well as its leadership's understanding of training issues appear to be sound. If the above suggestion to expand the DTTs is accepted, NIPORT would be the logical institution to coordinate their activities. But, NIPORT has one major continuing obvious problem: it is woefully understaffed.

Recommendation: Expand NIPORT staff to at least 40 qualified professionals within three years.

Job descriptions of personnel

Many of the people in the population program have been working in the same position for a number of years, and are now capable of shifting to technically more substantial roles.

Recommendation: The FWA should be trained and encouraged to become an organizer/trainer of village volunteer motivators (not on the government payroll, but eligible for the Dai-level payment). Her own award should be based upon the number of people motivated under her jurisdiction - not only those she herself motivates.

Recommendation: The TFPO should become much more of a trainer, with substantial linkage to the DTT. He/she should be expected to conduct regular in-service training of field workers and of PCC members.

Supervision

Quantitatively, there exist sufficient personnel at most levels to form an adequate supervision system. However, no one at any level seems to understand that the current punitive type of supervision is detrimental to an effectively functioning service delivery system. This must be changed if the system is to improve.

Recommendation: Establish a new Directorate for Supervision. Its first and foremost assignment should be to develop a complete supervision system, with quality improvement as its major objective. This Directorate must be totally unrelated to an Inspection function, or it is virtually guaranteed to fail.

Union-level Teams

A largely-unsuccessful effort has been made to turn the HAs and FWA into Ward level teams. A more plausible building block for the system as a whole is at the H&FWC at the Union level.

Recommendation: Require the MA to conduct monthly meetings of all HAs, FWAs, FPA, AHI and FWV within his jurisdiction. These meetings should focus on team achievement of Union objectives and on mutual problem-solving. Provide a contingency fund to the H&FWC to further strengthen its operating capabilities.

Population Control Committees

Recent instructions require the establishment of Population Control Committees at Upazilla, Union and Village levels. If these Committees can be assisted to understand the importance of community action to solve the population problem and can be motivated to play an active role, they can become extremely important factors in increasing contraceptive use. This will not happen simply by decree.

Recommendation: The District Training Teams and the TFPO should conduct a series of brief training sessions (1-3 hours) with members of these committees. NIPORT (or another agency in coordination with NIPORT) should first develop approximately twenty modules, each on a separate topic, to help the trainers structure these sessions (sample topics: (a) when should a girl marry? (b) how conception occurs, (c) the HA's responsibilities for family planning, (d) overseeing the FWA's performance). Education and energizing of Population Control Committees should become the TFPO's second highest priority (after supervision of field workers).

Community Awards

A new system for community awards for contraceptive achievements is to be instituted in the near future. As with many Ministry instructions, the award system has not been tried out and instructions are unclear. (For example, should it be based on sterilization only or also on other methods? If the latter, how are they to be calculated? Should the award go to the Parishad or the Population Control Committee? etc.) If this system is implemented without further thought and without a reasonable trial, we believe it will be a disaster, and will result in the destruction of any possibility of mobilizing community participation for reducing fertility.

Recommendation: The community award program should be implemented on a phased basis - only after a series of training programs for Population Control Committee members has been conducted. Initial implementation should be monitored very closely to improve the system.

Recommendation: The community awards should go to the Population Control Committees, not to the Parishad.

Recommendation: Community awards should be tried out at Ward, as well as higher levels (by an NGO).

Recommendation: Each award should have three levels - low (achievable by 70-90% of the Committees), medium and high. The amounts of the awards for medium and high achievement should rise very rapidly (eg, medium = 7 times low; high = 20 times low).

Recommendation: Attempts should be made (by an NGO) to train workers and Committee members to understand contraceptive prevalence programming. If those succeed, awards should be based on CPR rather than sterilization and other target achievement.

Private-government relationships

Generally, the private sector has been more effective than government at promoting family planning - primarily (but not entirely) because of its ability to pay higher salaries and to fire people for poor performance. This has two very different implications for the government program: (a) the MOHPC should try to adopt/adapt successful practices developed by the private sector, and (b) the MOHPC should contract some of its current activities to private groups.

Recommendation: The MOHPC should assign, on a pilot basis, two or three Upazillas to different NGOs (or to locally-established NGOs with government and private sector representatives on their governing councils). All facilities and personnel below the UHC level, plus the funds normally spent for their operation would be given to the NGO. The NGO would be allowed to fire personnel after a specified transition period. The NGO's accomplishments and costs could then be compared with those of the government-run program. If their cost per acceptor is significantly lower, this process can be gradually expanded to additional Upazillas.

Recommendation: Give DDFPs (or expanded District Training Teams) and TH&FPOs (or TFPOs) seed money to use to stimulate local groups to promote family planning. Monitor these activities.

Recommendation: Under the auspices of CPMR or a similar organization, establish a system of District-level Management Advisors - non-governmental personnel (from universities, NGOs, etc.) who work part-time as advisors to the DDFP and to field-level workers, encouraging them to adopt better methods of achieving the program's objectives.

Ministry and Directorate communications

The major management constraints on the effective functioning of the national family planning program lie within the Ministry and the Directorate, not in the field. Policy and program changes have been too frequent, poorly thought through and often unclearly communicated. The center has created the confusion and poor quality management which exists in the field.

Recommendation: The MOHPC should establish a 'memo review' group. No written instruction should ever be sent to the field until it has been very carefully analyzed for: (a) internal consistency; (b) consistency with earlier rules and memos; (c) implications for other activities, costs, personnel relationships, etc.; (d) implementation procedures and (e) clarity.

INTRODUCTION

The consultant team from Management Sciences for Health was asked to conduct a management assessment of the Ministry of Health and Population Control (MOHPC) family planning program in order to identify institution-building inputs and factors to be addressed through policy dialogue with the Government of Bangladesh. (See Annex 1, Scope of Work.)

We reviewed relevant literature and documentation available through the GOB, USAID/Dhaka, other donor groups, NGOs and research organizations. Interviews and discussions were held with officials at all levels of government from the Family Welfare Assistants (FWAs) to the Additional Secretary. Field visits to two districts (Comilla and Faridpur) enabled us to observe family planning activities carried out at Upazilla, Union and Ward levels, to consult with peripheral field workers, to visit health and family planning related institutions and offices, and to meet with community leaders and villagers. Discussions were also held with representatives from NGOs engaged in population and family planning activities from bilateral and multilateral donor agencies, and from educational and research institutions.

We had hoped, prior to beginning, that we might develop a small number of key recommendations which would address the basic problems confronting the population program. Reluctantly but realistically, our analysis of the PCD's management systems leads us to the conclusion that there are no simple solutions - no quick fixes to the complex and cumbersome bureaucratic procedures and other constraints that hamper the development of a more effective and efficient service delivery system. Instead, we have identified and describe a series of small, discrete but important steps that may be taken, any of which may improve program performance a little.

Limitations of time and travel to the field forced us to be selective in the number and types of interviews, observations of field operations and discussions. In particular, our inability to investigate FWVTIs and to meet with and interview Dais and TBAs, and to observe their interrelationships with FWAs, FWVs and FPAs has resulted in fragile data for these parts of several of the management systems. Also our analysis of the relationship between NGO and government activities is based upon very limited contact with NGO personnel. And we were only able to address peripherally questions concerning the relationship of research to program improvement.

Despite trying to be as objective as possible, an observer's perceptions are influenced by many subjective factors; the weather and the state of one's stomach often have as much to do with the mood of a report as does the objective reality of the program. In our review, the tenor was somewhat more upbeat than others, due primarily to the fact that during our field visits at Union and Ward levels, we met workers who knew what they were supposed to do, and appeared to be doing it reasonably well. We were most impressed, for example, by an FWA

(whom we came across totally accidentally) who was in the process of reconfirming a few of the ten women she had motivated that month to go for sterilization; we followed her to one village, chatted with the women she had motivated, and were convinced that she had done exactly what her job specifies. Of course, our sample was ridiculously small and we recognized the need to attach greater validity to other types of information; nevertheless, a positive mood was set.

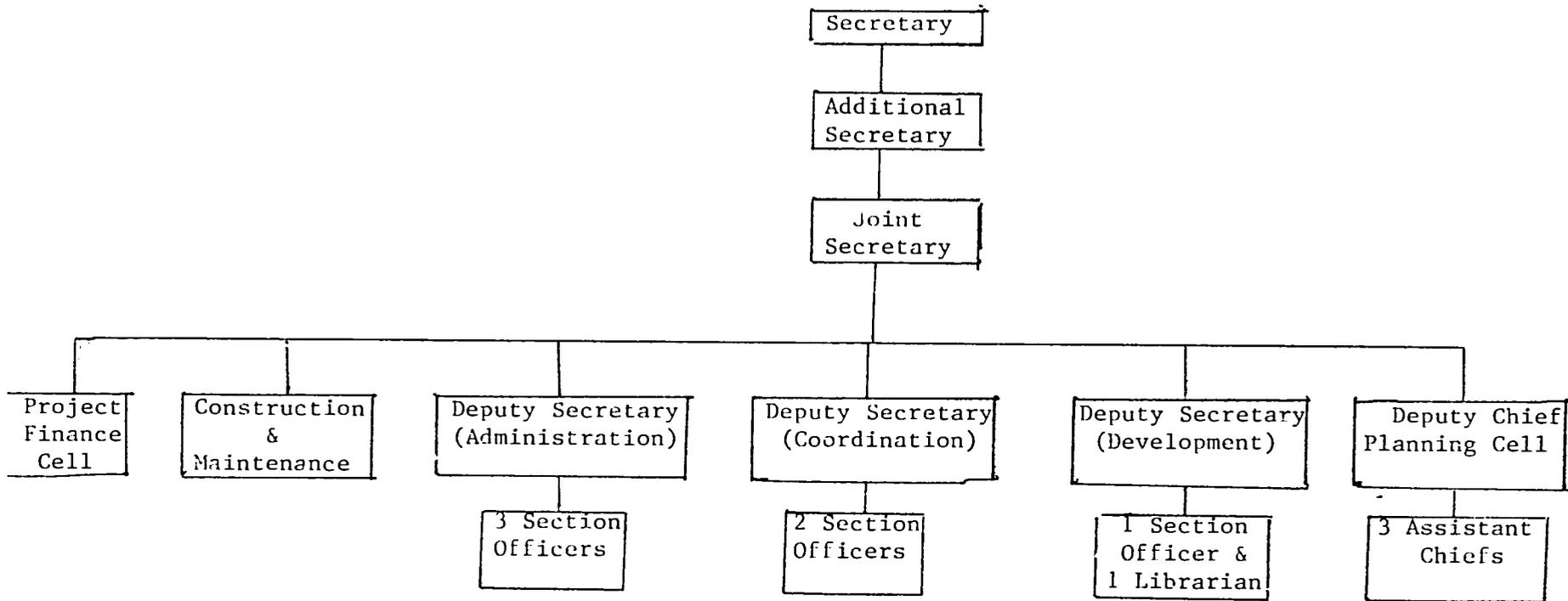
A generally-positive view of management of the Bangladesh population program is not invalid; much is happening reasonably well. A large infrastructure is in place. Basic problems (such as the integration-vs.-autonomy issue) are at least being seriously addressed. Targets are being used to influence program management (not very well, but the first step has been taken). Flow of funds has been improved. An understanding of the need to stimulate community involvement exists. Management training and training-of-trainers courses exist. Most of the personnel required to have an adequate supervision system are in place. A national information system produces acceptor information within a few days of the end of each month.

But, of course, many improvements are needed. The positive impressions we obtained at the Union and Ward levels were tempered by generally-negative impressions at Upazilla and District levels, where 'functional integration' is experiencing major difficulties. Many problems exist, but they are not sufficient to make the system unworkable. Our most basic suggestion is that the current government population program be perceived by donor agencies as a program requiring many improvements but no radical structural changes.

This report is divided into four parts. The first is largely descriptive - a level-wide overview of family planning service activities which provides much of the basic data for the analysis to follow. In Part B we describe and analyze aspects of the program, such as its overall structure, which are broader in scope than any single management system. In Part C, each management system is presented separately. Finally, a very brief Part D lists suggestions for future technical assistance. Throughout the report, the more important recommendations are indented to set them apart from the text.

Figure 1

Ministry of Health & Population Control
(Population Wing)



Summary of Manpower*

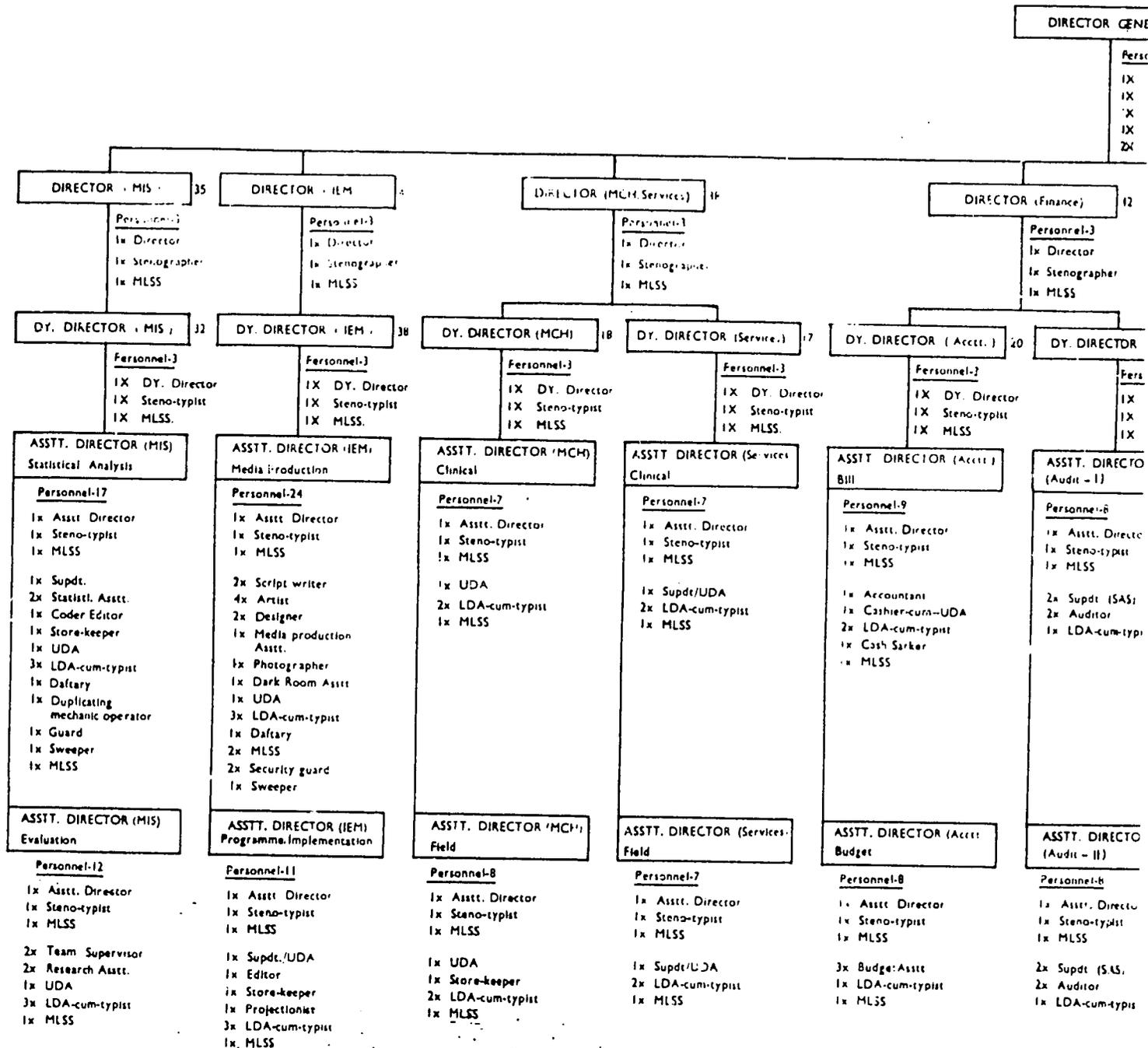
Category of post	Number of posts
Class I	23
Class II	0
Class III	38
Class IV	18
Total	79

* Excluding:

Construction & Maintenance
Project Finance Cell

Note: Supporting staff not shown

Figure 2
REVISED ORGANIZATION
DIRECTORATE GENERAL OF PUBLIC HEALTH
MINISTRY OF HEALTH AND FAMILY WELFARE



SUMMARY OF MANPOWER

Sl. No.	Number of post	Sanctioned	Actual	Revised
Class - I				
1.	Director General	1	1	1
2.	Director	9	7	6
3.	Supdt. MCHTI	1	1	1
4.	Dy. Director & DFPO	34	31	29
5.	Asstt. Director	58	46	20
6.	Other Class-I Officers	647	542	649
Total		750	628	706
7.	Class-II Officers	396	281	699
8.	.. III	23923	21604	21480
9.	.. IV	17306	14876	16047
Grand total		42375	37389	38932
N. H. Q.		400		
Field		38,932		
		38,932		

Authorization of Transports, Major Equipments and miscellaneous points

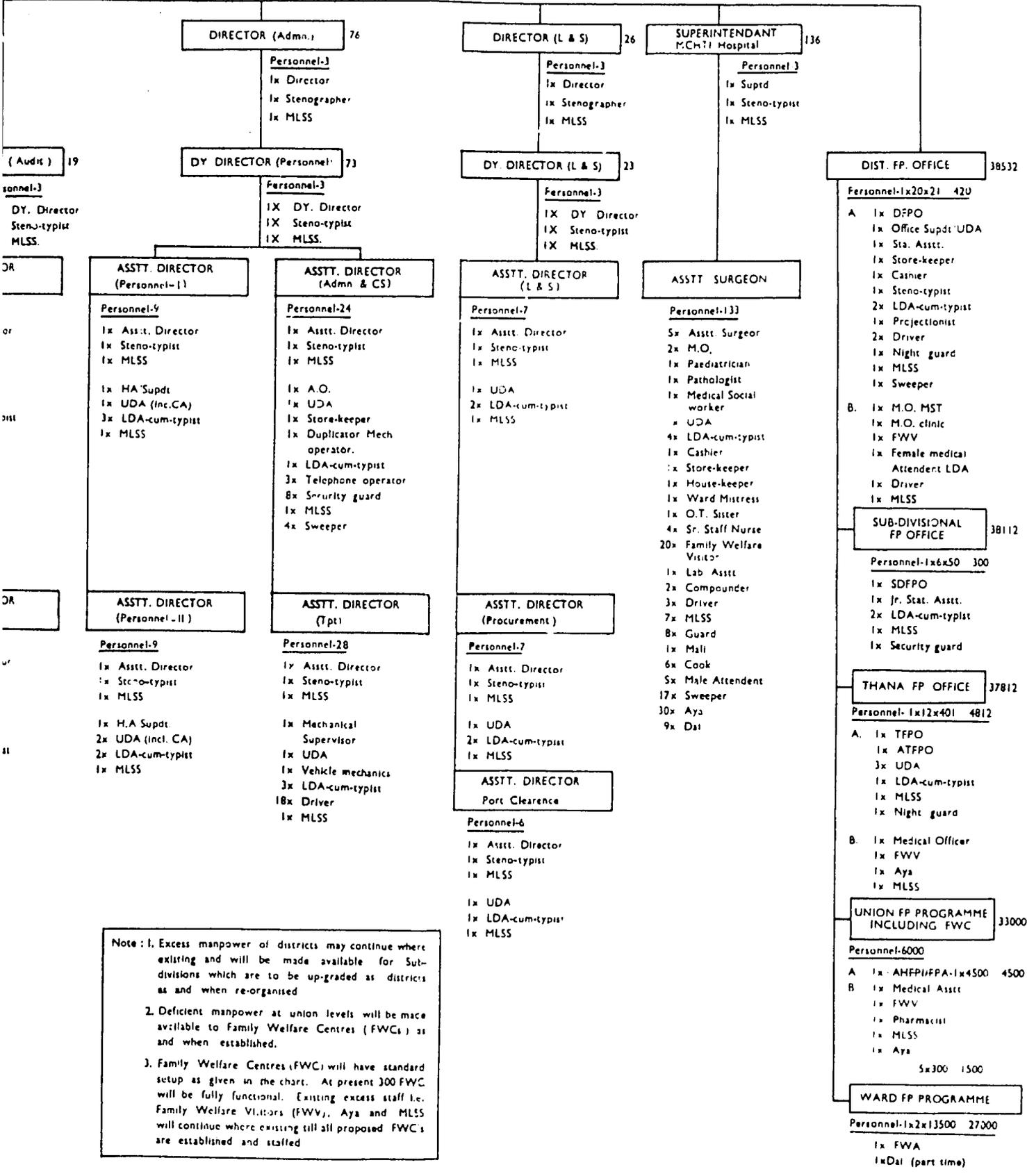
Transport :

- The Directorate General is authorised
 - 4x Car, one for whole time personal use and three for the use of Directors/Supdt, MCHTI.
 - 9x Microbus for official use of officers and transportation of office staff
 - 2x Bus for transportation of office staff
 - 2x Ambulance for MCHTI Hospital use
- Private use of transports will be as per Government Instructions issued from time to time
- 2x Jeep, 1x Pickup will be returned to Govt. transport pool.
- Air-conditioner/Coolers, The Department holds 7x air-conditioners which are located in different observations centre where sophisticated equipments are installed. These may be retained by the Department
- Office equipment : The following office equipments may be authorised to the Department
 - 132x Typewriters
 - 21x Duplicating machine
 - 2x Plain paper copiers
 - 21x Projectors
 - 2x Refrigeratory

ORGANISATION POPULATION CONTROL POPULATION CONTROL

GENERAL 38932

Personnel-6
Director General
Asstt Director (Cord)
Stenographer (PA)
Typist-cum-LDA
MLSS



Note: 1. Excess manpower of districts may continue where existing and will be made available for Sub-divisions which are to be up-graded as districts as and when re-organised

2. Deficient manpower at union levels will be made available to Family Welfare Centres (FWCs) as and when established.

3. Family Welfare Centres (FWC) will have standard setup as given in the chart. At present 300 FWC will be fully functional. Existing excess staff i.e. Family Welfare Visitors (FWV), Aya and MLSS will continue where existing till all proposed FWCs are established and staffed

Figure 3A

Current NIPORT Organizational Structure

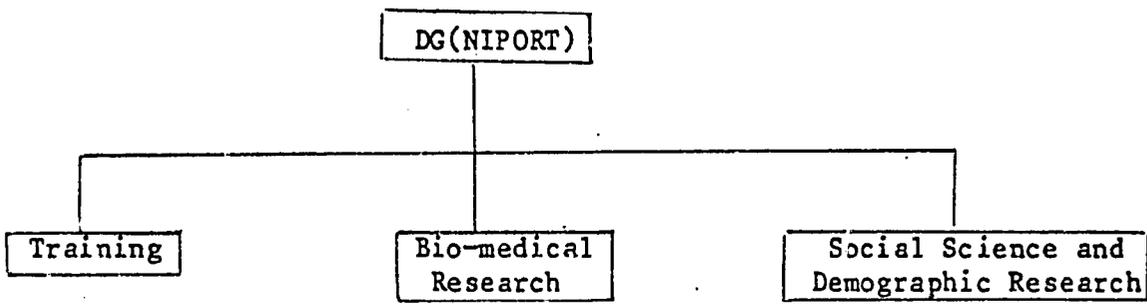
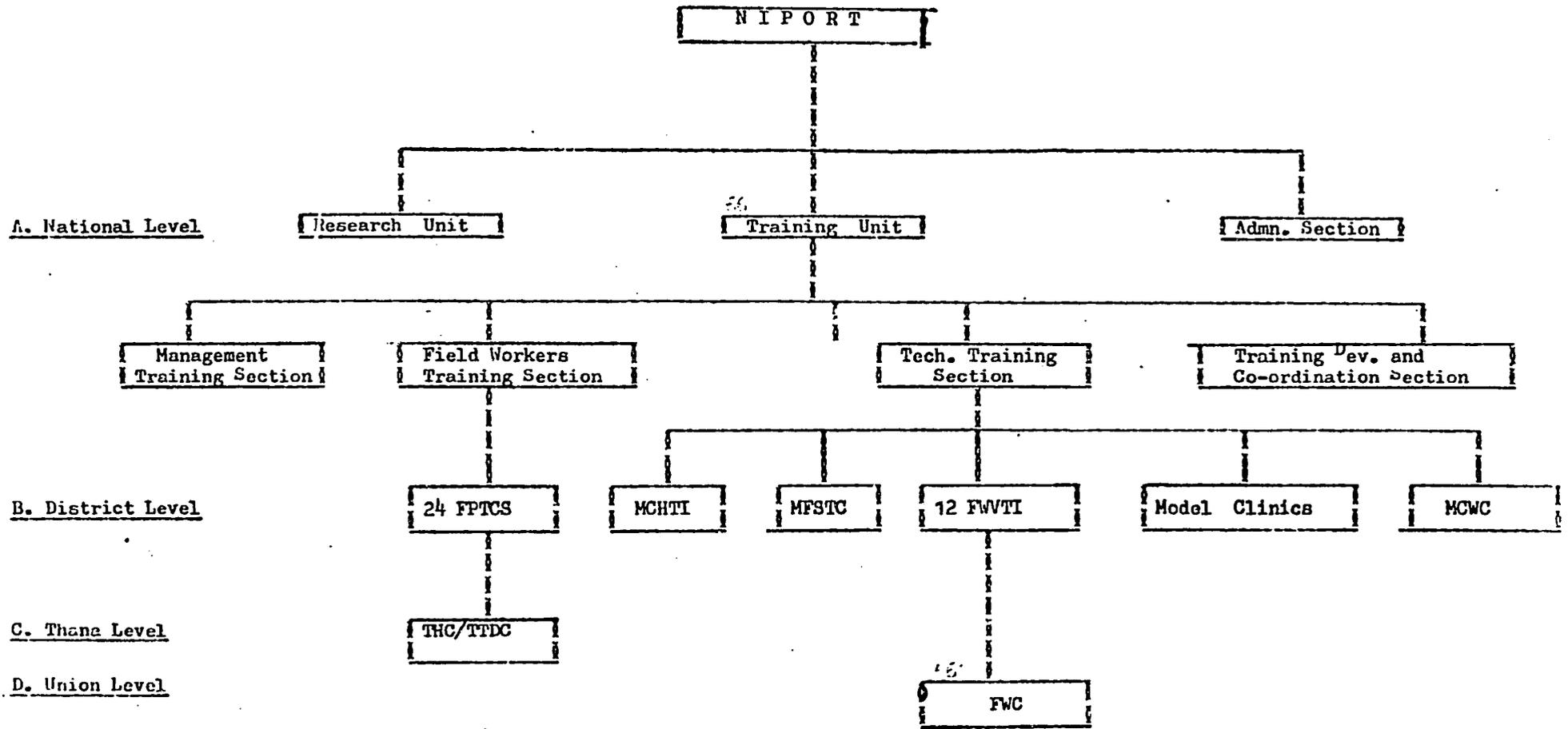


Figure 3 B

NIPORT

ORGANIZATIONAL CHART (PROPOSED)



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Chapter 2

Village and Ward

Population and social structure. The Bangladesh health and population control program at its most peripheral level is based upon three population groupings: the village, the ward and the unit.

Within the village, which typically comprises 1000-1500 individuals, the basic social unit is the individual family and kinship-group. There are an estimated 68,000 villages in Bangladesh. Linkages between kinship groups scattered among several villages are usually stronger than are the loosely-structured and poorly-developed associations between different families living juxtaposed within the geographical boundaries of the village itself. Intra-village cooperative efforts directed toward achieving a common goal are essentially centered on family and kinship relationships.

Villages in turn are grouped into a political subdivision, the ward, which typically comprises 5-6 villages and has a population averaging 6,000. There are 13,500 wards in Bangladesh. As in the village, family kinship ties are the dominant social force in the ward. However, three Ward Members are elected who serve as spokesmen and representatives to the next higher political subdivision - the union. Such Ward Members may function as representatives of village interests or they may represent a single special interest group within the ward.

The 'unit' is a population grouping utilized by the health directorate to be served by the Ministry's most peripheral health worker, the Health Assistant (HA). The unit derives from the mauza, a former tax collection unit. It provides an HA-to-population ratio of 1 to 1000. The boundaries of a health unit do not necessarily coincide with either village or ward boundaries.

Health and family planning workers. Field workers at the village and ward level are Health Assistants (HAs) and Family Welfare Assistants (FWAs). They are salaried workers employed by the government's health and family planning service. The HA, a locally-recruited male worker with a 12 year basic educational background plus 2-3 months of training is employed under the health wing of the MOHPC. He provides basic health services. There are nearly two HAs per ward (about five per union).

The FWA is a female worker, also locally recruited, who has an 8-10 year education plus a training course of four weeks. Her service area is the ward. An estimated 12,500 FWAs now serve the country's 13,500 wards, with each worker covering a population averaging 6,000 people. She receives a salary of Tk. 250-480 per month. The ratio of HAs to FWAs is of the order of 5/3.

Unofficial health and family planning workers. Other workers, currently not officially affiliated with the government's health/family planning service include Dais, TBAs and Volunteer Community Health Workers. Both the trained

Dais (13,500 in number) and TBAs represent the traditional village-level health and midwifery practitioners.* Dais and TBAs are located in villages and Wards. Dais were trained from 1965 onwards by TFPOs with help from local physicians and others during a one-month training course. Many Dais were recruited from among the local TBAs. Until recently, they were paid a monthly allowance and expected to work part-time to recruit fp acceptors. Last year this was changed, and now Dais are only reimbursed for acceptors - but at a higher rate than anyone else.

TBAs, who attend deliveries in the home, presently have no formally-organized linkages with FWAs or FWVs, although the latter may assist TBAs with difficult labours/deliveries and may have patients referred to them by TBAs. Since TBAs play such an important role in the village through ante- and post-natal contacts as well as during actual deliveries, a stronger FWV/TBA relationship is much to be desired.

Volunteer Community Health Workers (VCHW) were trained as part of an ORT extension program in 1978; after a one-day training session they were neither supervised nor otherwise supported and have essentially disappeared.

HA and FWA jobs. Field activities of HAs and FWAs are designed to address both health and family planning concerns, the HA being seen as the worker responsible for meeting basic health needs and the FWA addressing family planning matters. The distribution of tasks between the two categories of workers remains ill-defined at village and ward level despite the existence of reasonably clear written job descriptions. Cooperation and coordination of their activities is virtually non-existent; they seldom meet, have no structured interrelationships, and rarely make referrals each to the other. The HA's duties relate to epidemic surveillance work, communicable disease control, ORT, health education, water and sanitation, malaria, and nutrition plus such fp-related tasks as contraceptive distribution, referrals for sterilization, IEM, etc. In practice, the HA is essentially a part-time salaried worker whose main source of income is derived from some side employment rather than from his government salary.

The FWA is seen as a family planning worker whose duties include MCH, whose clientele is almost exclusively women and whose village contacts are based upon a one-to-one relationship in the course of visits to households.

Within the MOHPC government hierarchy, the HA and FWA have been viewed from time to time as interchangeable peripheral workers each of whom may perform the

*Traditionally, Dai is a word used to refer to traditional birth attendants. However, when this project was started, nearly twenty years ago, many of the women originally selected for training as village-level family planning motivators were not, in fact, TBAs. Nevertheless, they were labelled Dais. Thus, de facto, the definition of Dai is 'someone who was trained for family planning motivation by the mid-60's project - who may or may not also be a TBA'.

duties of the other. In early 1983, a Ministry directive established the two workers as a 'team', both members of which were jointly responsible for a series of MCH/FP/PHC tasks; the experiment as actually implemented at village level was of brief and transitory nature if it did, indeed, take place at all. More recently, they have been given different but overlapping responsibilities.

While actual performance of HAs and FWAs differ from place to place and reflects such locally-determined elements as community perceptions of their respective roles, training, supervision and their own individual personalities, it is possible to generalize as follows: FWAs are fp-oriented, deal with mothers and children and carry out their tasks through house-to-house visits. HAs are health-oriented, deal more with male members of the community and devote less time to their job than FWAs.

The field activities of HAs and FWAs at village and ward level reflect a dichotomy in their training and supervision. The HA's basic training was organized and conducted by the Ministry's health wing; that of the FWA was under the population wing. Although recent refresher training for the two categories of workers of 2-week duration has been given jointly and covers the same 26-28 MCH/PHC tasks, there was apparently no emphasis given to the desirability or the methodology involved in using a team approach for the achievement of common objectives.

Similarly, supervision follows separate channels. The HA's supervisory structure is through the AHI and the HI under the health wing. The FWA is supervised by the FPA and to a lesser extent the FWV of the family planning side. One FPA supervises three FWAs. Although AHIs are scheduled to visit each HA three times per month, they have no contact with the FWAs. Similarly, the FPA on the fp side has no contact with the HAs (even though both are male and the HA is assigned fp tasks).

Both workers are assigned virtually identical fp targets as follows: sterilization - 2 per month for FWA, 1 per month for HA; CuT - 1; oral pills - 2; condoms - 2; and MR or injectable - 1. The HA sees these fp targets as being 'extra' work, over and beyond his regular responsibilities for which he should receive extra pay and/or extra recognition. The FWA accepts targets as a 'given' and as a part of her regular job.

The FWA may be penalized if she fails to achieve her monthly target; her salary may be delayed or temporarily withheld by her supervisor. The FWA does not consider such punishment unjust even though a delay in salary payment may create a hardship for her and her family. Penalties are seldom if ever enforced among HAs.

In theory, both the HA or the FWA are expected by the PCD to establish a CDP in their home for village-level contraceptive distribution; in practice this probably does not yet occur to any appreciable degree. FWAs carry on their household visits small supplies of pills, condoms, foam tablets, and Emko for distribution to their clients. Supplies are readily available. ORS packets,

which are provided through the health wing's distribution channels and which are theoretically available to both HA and FWA, are in short supply.

TA/DA is provided to FWAs who accompany a sterilization or CuT client to the nearest FWC or other facility. She receives 60 paise per mile plus Tk12 for an overnight stay. The HA receives a fixed lump sum of Tk20 per month. This TA/DA differential is a source of discontent and complaint among HAs.

The 12,500 women employed as FWAs represent the first major village-level female employment scheme and may be having a substantial effect on the status of rural women.* That the position is considered of high social value among village women is attested to by the observation that, in one area visited by the mission, a simple advertisement had brought in 5,000 applications for 50 available positions.

The formation of village/ward level Population Control Committees (PPCs) has been encouraged through a recent instruction sent from PCD. It is not clear from the instructions whether this committee was to be organized at village or ward level (the name refers to a village-based committee; the membership reflects essentially ward-based representations). Their proposed membership is outlined in Annex 4. In practice, these instructions have not yet been significantly implemented.

*Although not directly related to the purposes of this consultancy, we suggest that a longitudinal study of the effects of FWA employment on the status of rural women may yield useful suggestions for other 'beyond fp' approaches to reducing fertility.

Chapter 3

Union

Population and governing body. Rural Bangladesh is currently divided into approximately 4500 Unions. Their average population is about 20,000. Local representative councils (Union Parishads) with very limited powers but considerable community influence exist at this level; the next election for their members is currently scheduled for 27 December 1983. Each Union Parishad consists of 14 members - 1 elected Chairman, 9 elected Ward Members (three from each ward), and 2 government-appointed male and 2 female members.

Community participation in the population program. Union-level Population Control Committees are supposed to have been recently established nation-wide, although implementation of this order in many instances is awaiting the completion of the elections. In one place visited, a committee existed, composed of the Union Parishad members, the FPA, the three FWAs, and representatives from agriculture, education and police. But this committee had done nothing subsequent to its initial formation.

Health and family planning facilities. The MOHPC's plan is for all Unions to have an integrated health and family planning facility, called a Health and Family Welfare Centre (H&FWC). A major construction program is now underway (largely supported by World Bank) to build these centers in about one-third of all Unions by 1985. Currently approximately 15% of all Unions have H&FWCs, and an additional 25% have Rural Dispensaries (RDs) or Health Subcenters (HSCs) - most of which have inadequate physical facilities. The remaining 60% have no facilities.

H&FWC personnel and functions. An H&FWC is supposed to have five people working in it: a Medical Assistant (MA - nearly all male), a Family Welfare Visitor (FWV - female), a Pharmacist, a Member of the Lower Subordinate Service (MLSS - male) and an Aya (female). Also within the Union - although neither located at nor reporting to the H&FWC - are a Family Planning Assistant (FPA - male), three Family Welfare Assistants (FWA - female), an Assistant Health Inspector (AHI - male) (one for two unions), and a varying number of Health Assistants (HA - male) (average about five). The number of posts sanctioned and filled, salary scale and other characteristics of these positions may be found in Table 2.

The MA's tasks are largely unrelated to family planning, although he is supposed to be qualified to do minor surgery, including vasectomy. The FWV's responsibilities are largely related to MCH. She also assists the MO in conducting tubectomy operations whenever the MO comes from the Upazilla to the H&FWC (supposedly once per month). The FWV is expected to provide technical supervision for FWAs, Dais and other TBAs for MCH activities. No training - either pre- or in-service - occurs at this level, except where an H&FWC serves as a field site for training conducted by other institutions.

The H&FWC does not have any discretionary funds. All drugs, equipment and supplies are received in kind upon request from the UHC. Family planning supplies are usually, although not always, adequate. Difficulties often exist because of lack of miscellaneous supplies such as batteries, kerosene, blankets, umbrellas, etc.

Recommendation: All H&FWCs should be provided a contingency fund to use for local purchase of small items needed for functioning of the unit.

In about 15% of the Unions these personnel and their facilities are currently operating. The MA is in charge, but only of the people actually based in the facility. The FPA, FWAs, AHI, and HA's rarely have contact with the H&FWC. Both the MA and FWV are supposed to conduct outreach activities - the former twice weekly in mobile clinics, the latter thrice weekly through home visits - but even then their contact with the field workers is minimal. In effect, three independent sets of activities exist at the Union level - those of the HAs with their AHI supervisor, the FWAs with their FPA supervisor, and the H&FWC; each reports independently to the Upazilla Health Complex.

Under the present situation, the MA lacks the authority to call/conduct meetings with other personnel. If meetings were to be called, the invited participants could refuse to attend and, lacking clear delegated authority, the MA would have no power to enforce his action. Likewise, were the MA to call a meeting without the prior approval/authorization of his superiors, he could be subject to disciplinary action. In short, not only does the system lack any incentive for lower echelon people to get together for discussions, planning and problem-solving; the system actively discourages such efforts.

Clearly, a key constraint to effective functioning at the Union level is the non-existence of a unified team. Although general instructions have been issued for all these people to meet at the H&FWC twice monthly, these have not been implemented. Upazilla officials have ignored these instructions because of hierarchical and jurisdictional conflicts: the AHI and FPA are usually older - although on a lower salary scale - than the MA; the AHI is assigned to cover two Unions, thus is only partly within the jurisdiction of any H&FWC; and the AHI and HAs are paid from health funds, while others are paid from family planning funds.

The continuing conflict over power between the TH&FPO and the TFPO is reflected in this refusal to conduct Union-level team meetings: the AHI and HAs clearly 'belong' to the TH&FPO, while the FPA, FWAs and FWV are in the TFPO's camp. (The MA is an anomaly - paid via the TFPO but performing health rather than family planning tasks.) The TH&FPO apparently feels that he would be relinquishing power to the TFPO if he were to allow 'his' personnel to be subordinate to those of his erstwhile competitor.

Recommendation: Clear instructions should be issued requiring the MA to conduct at least monthly meetings with the FWV, FWAs, AHI and HAs. The major purpose of these meetings should be the development of a team atmosphere, with each member working toward the achievement of a series of

Union-level objectives. They should discuss ways in which they might assist each other (such as cross-referrals) and explore solutions to problems any of them face.

Unions without H&FWCs. In Unions which have Rural Dispensaries (RDs) or Health Subcenters (HSCs), the family planning activities are performed by the FPA and three FWAs, with no linkages to the health facility.

Maternal Child Welfare Centers (MCWCs) are larger facilities which exist in a few larger communities. Their numbers are small (83 out of 4500 Unions) and thus have little impact on the overall national picture.

Sixty percent of all unions have no fixed health or family planning facilities. Most of them do, however, have home-based workers - HAs doing health tasks (one per 1000 population), and FPAs (one per Union) and FWAs (three per Union) for family planning.

It is the intention of the MOHPC to transform all RDs and HSCs into H&FWCs and to develop H&FWCs in unions where no static facility currently exists. It is not clear if an overall long-term plan - including recurrent cost implications - exists. Nor has division between health and population of financial responsibilities for both capital and recurrent costs been adequately addressed.

Funding. Personnel in fixed facilities are all paid from two different budget sources - the health side for HSCs and RDs, the population side for H&FWCs and MCWCs. FPAs and FWAs are all paid from population funds; AHIs and HAs from health. All salaries are received by the individual when he or she goes to the Upazilla Health Complex for a monthly reporting and meeting. Funds for TA/DA and sterilization/IUD reimbursements are also received the same way.

Chapter 4

Upazilla

In the past decade a number of moves have been proposed by the Government to devolve administrative and development functions to the local/rural level. The latest attempt in this line is the decision to upgrade the thana* administration and rename them as Upazillas (Sub-districts).

All rural thanas (numbering 401) have now been converted to Upazillas. This number will increase further if some of the existing subdivisions (numbering 64) are converted to Upazillas. (Presently it is expected that some of the subdivisions would be up-graded to districts while the others would be down-graded to Upazillas. The final number of Upazillas will depend on this decision.) The average population of an Upazilla is about 191,000.

The administrative reorganization, with Upazilla as the focal point, has some important implications for the population program:

(i) The Upazilla Parishad (consisting of an elected chairman and fixed number of members) will be in charge of all development activities at that level.

(ii) The Upazilla Parishad will have much more financial and administrative controls over projects within their areas and authority to undertake projects on their own from block funds of development assistance.

(iii) The Upazilla Nirbahi Officer (UNO, formerly TNO) will be the Member Secretary of the Upazilla Parishad and work as the Executive Officer to the Chairman of the Upazilla Parishad. The UNO will be the Chief Co-ordinating Officer and the Thana level Officers of all departments and agencies will be administratively accountable to him and thereby, to the Upazilla Parishad. This will obviously include the Thana Health and Family Planning Officer** (and the TFPO through the TH&FPO). The TH&FPO will also sit in the Union Parishad meeting, as a member, and represent the health and family planning side.

All the Thana level Officers will, however, continue their horizontal linkages with the higher echelons of their respective departments for financial drawing and disbursing matters and other departmental rules and regulations.

*Thana (or Police Station) used to be the lowest unit of administrative organization in the rural areas. Some of the components of the Thana level administration were as follows: (i) A Police Unit for Law enforcement; (ii) Circle Officer Development; (iii) Circle Officer Revenue; (iv) Thana level representatives of other ministries and public sector agencies, for example: Thana Health Family Planning, Agriculture, Irrigation, Fisheries and other Officer. Essentially these Officers were responsible for the development and revenue administration function at the Government at the Thana level and below.
 **Like all other Thana Officers, the THFPO will - we assume - be renamed as UHFPO.

Local Participation

UZPCC: The idea of energizing the Upazilla Parishad, and reorganizing the administration around it, is intended to enhance and institutionalize public participation. Consistent with the same spirit the National Council for Population Control (NCPC) has decided to constitute the Upazilla Population Control Committee (UZPCC). It can be considered as 'a high powered population subcommittee of the Upazilla Parishad. Its composition is presented in Annex 4.

The terms of reference of the UPCC are quite exhaustive*. It includes motivation, supervision and evaluation of population & MCH activities of the Government program and encouragement of local NGOs and 'special publics' (such as mothers' clubs and co-operatives) in family planning activities. The committee is supposed to meet at least once a month and report findings to the District Population Control Committee (DPCC).

So far, it appears that UZPCCs have not yet been formed in most Upazillas. Generally everyone seems to be waiting for the effective implementation of some of the important reorganization measures and the elections for the Upazilla Councils.

It is necessary to reexamine the composition of the UPCC and its terms of reference. A somewhat smaller council with a simplified set of clear objectives may yield much more effective participation. The proposed community award to Upazilla Parishads for target achievements, if used effectively, can be a good resource for mobilizing institutional participation of the local public in the population program.

Other Community Groups. There is very little evidence of either spontaneous or mobilized involvement in the population program of other informal local groups. Although we did not have sufficient time to study the multisectoral population projects of other ministries, from our interviews at the Upazilla level we do not have much reason to believe that any significant informal community participation is in existence. Encouragement of local NGOs, flexibility and innovation of Government program managers and some seed money through the MOHPC and other multisectoral population projects would probably initiate some input from community groups.

Health and Family Planning Facilities & Personnel. There are at present 370 functioning Thana Health Centres and Rural Health Centres (322 THC + 48 RHC). These facilities are to provide Primary Health Care, MCH-FP service and Curative services. Most of the physical facilities at this level are good, but because of supply and management problems the facilities are underutilized. For a full picture of the thana level distribution of Health and FP personnel see the field personnel chart (Figure 4).

*MOHPC Notification No. PP-I/S-6/6/79 (PT-I) 18, dated February 16, 1983

The TH&FPO is responsible for the overall arrangement and supervision of the health and population program at this level. The TFPO is in charge of the family planning section and is supposed to report all activities to the TH&FPO. Under the present arrangement the TH&FPO is to report to both the CS and DDFP for health and family planning program implementation, respectively. The TH&FPO and TFPO are both drawing and disbursing officers (DDOs) separately for the funds coming from Health and FP Wings, though technically the TH&FPO is in overall command.

The TH&FPO allocates duties among Medical Officers for Clinical activities and technical supervision. All Medical Officers are appointed and posted by the Directorate of Health Services. However, the MO(MCH-FP) who is especially assigned the responsibility of MCH-FP receives his pay from the Directorate of Population Control. A position of ATFPO has also been sanctioned for the Upazilla level, but no postings have been made so far. When posted, they are expected to assist the TFPO with the family planning activities. There is also a Family Welfare Visitor (FWV) at the Thana level.

Training. The TH&FPO, TFPO and MO (MCH-FP) are the key persons for implementing thana level family planning activities. They do not, however, conduct any significant training courses. On occasion - as with the 'crash training program' last year - they are required to do so, but this is viewed as an added burden rather than an integral part of their job. Monthly gatherings at the UHC of all field personnel occur, but these opportunities are not used to conduct formal training.

Recommendation: Each UHC should be designated as an In-service Training Center for field staff. Personnel should be trained how to teach. Training materials should be sent periodically to UHCs to assist them to conduct brief training courses. Most of their courses should be 1/2-day duration, coinciding with the monthly visits to the UHC by field staff. Conducting of training should become an integral part of (at least) the administrative tasks.

The TH&FPO and THPO do not hold any regular coordination meetings at the Upazilla level and there is no effort to do joint supervision of the field staff at the Union and Ward level. Meetings with the field level staff take place mostly on the specified days when they come to the Thana for collection of pay checks, TA/DA, and collection of supplies for FWCs. Supervision through learning and training does not take place at the field level.

With the recent reorganization the control functions have undergone some changes. Now the UNO will write the annual confidential report (ACR) and approve the leave applications of the TH&FPO. Though this is consistent with the idea of having a local coordinator of all development activities in the Upazilla it, is not at all sure that the UNO would have much time available for any effective supervision of the health and family planning activities. From this point of view both the TH&FPO and the TFPO will have to do the day-to-day supervision of the activities in their respective areas.

Chapter 5

District

CS & DDFP. In the 21* districts the health and family planning activities are conducted through the two separate establishments of the Civil Surgeon (CS) and the Deputy Director Family Planning (DDFP). The DDFP, after the recent reorganization, is to have two Medical Officers, one FWV and other supporting staff. With the functional integration at the field level the need for a much greater degree of co-ordination and joint supervision by the CS and DDFP has become essential. In the two districts visited by the consultants (Comilla and Faridpur) the expected level of co-operation was not present. The recent changes are yet to be in force and the CS and DDFP have still to clearly define their new roles. In reality the present functional integration does not demand integration at the district level, but rather at the Upazilla and lower levels only.

The DDFP, the CS and the two ACSs are each responsible for field supervision of one-fourth of the UHCs in their District. This supervision is supposed to include both health and fp - a potentially difficult situation, since a) the DDFP usually has no medical background and b) the CS and ACSs often have no interest in fp, and usually no background in fp program management.

In addition to the establishment of the CS and DDFP there are also two training groups located at the District level. There are District (Family Planning) Training Teams in each district and Family Welfare Visitor Training Institutes (FWVTI) in 11 of the districts.

Physical Facilities. There is a district level hospital and family planning clinic in each district, District Training Centers in each district, and Family Welfare Visitor Training Institutes (FWVTI) in 11 districts. Some of the district headquarters also have Maternal and Child Welfare Centers (MCWC). In addition some facilities of NGOs (for example, BAVS Clinics) are located in some of the districts. The district hospitals are generally overburdened and also have problems with logistics and supplies.

Community Participation

DPCC. Recent notification of the Government regarding the formation of Population Control Committees does not clearly state the proposed composition of the District Population Control Committee. In some places there are references which suggest that the Upazilla Population Control Committees are to keep in close touch with their counterparts at the District level. If DPCCs are

*Recently the number went up to 22, with the formation of a new district called in the Chittagong Hill Tracts.

formed, and if they become active, they can play an important role in overseeing the activities of the field level committees and as a spokesman for their needs to the central government agencies.

Private groups. The NGOs, being restricted to urban areas, are generally active in a number of district headquarters. However, the participation of informal public groups is still quite limited at this level. In recent months the active role of FPSTC, as an intermediate organization, for providing money and other support to NGOs, seem to have helped the formation of some voluntary groups at the district level.

Chapter 6

Subdivision

The status of the Subdivisions (of which there are now 64) is soon going to change. At present the Subdivisional headquarter has a hospital and there is Deputy Civil Surgeon and Subdivisional Family Planning Officer. Some Subdivisions also have a MCWC. In the past it used to be a referral point and an additional supervisory strata below the District level. With the recent measures for decentralization some of the Subdivisions are expected to be up-graded to Districts and some down-graded to Upazillas.

Chapter 7

Central

NCPC. The overall responsibility for policy planning and inter-ministerial coordination lies with the National Council for Population Control (NCPC). The NCPC is headed by the Chief Martial Law Administrator (CMLA) and eleven other Ministers are members. The NCPC is in fact a powerful cabinet sub-committee on population control and any decisions of NCPC are to be considered as cabinet decisions. When the NCPC was formed recently, it was felt that in order to be effective it should be assisted by an Executive Committee. The Executive Committee is headed by the Minister for Health and Population Control and consists of:

- i) Secretary, External Resources Division
- ii) Secretary, Finance
- iii) Member (Socio-Economic Infrastructure), Planning Commission, and
- iv) Secretary, Ministry of Health and Population Control (who will be the Member Secretary).

The Committee's responsibility is to brief the NCPC and ensure the implementation of its decisions.

From our discussions with the Central level Government officials and donor representatives, it appears that the NCPC has considerable potential for improving the status and the performance of the population sector. However, since its recent formation not much activity has taken place, although it has made a few basic decisions, as described in chapter 9.

MOHPC. The Population Wing of the Ministry of Health and Population Control is responsible for program development and implementation. The Population Wing has an Additional Secretary, a Joint Secretary, three Deputy Secretaries and one Deputy Chief for the Planning Cell. Under the MOHPC there are the offices of Director General and the National Institute of Population Research and Training (NIPORT). The DG's office performs the administration, monitoring and implementation of the program, while NIPORT is involved in training and research.

There are also three specialized cells within the MOHPC - the Planning Cell, the Project Finance Cell, and the Construction and Maintenance Cell. The Planning Cell does project development and reviewing; the Project Finance Cell administers and monitors donor assistance and the Construction and Maintenance Cell (along with a private consulting firm) supervises the construction of the FWCs.

Other Ministries. The Population Planning Section of the Planning Commission has a very crucial and direct involvement in developing long-term plans and approval of projects for the population sector. The External Resources

Division of the Finance Ministry is in charge of coordination of all foreign assistance and, in this capacity, negotiates the population components of foreign assistance. The Finance Division is responsible for sanctioning approval of budget and financing aspects of the program. The Establishment Division and the Public Service Commission approve the number of personnel and decide other administrative rules.

Several other Ministries, including Agriculture, Education, Local Government and Social Welfare undertake multisectoral projects in population and maintain links with the MOHPC for guidance and compliance reports on such projects.

NGOs. Many of the NGOs have national level offices to maintain liaison with the Government and the donor agencies. Bangladesh Association for Voluntary Sterilization, Family Planning Services Training Centre (FPSTC), Concerned Women for Family Planning, Pathfinder Fund, and the Bangladesh Family Planning Association (BFPA) are some examples. Many of them work as intermediaries channeling funding and guidance to smaller local NGOs.

Agencies for Program Backstopping. In addition to NIPORT there are a few other national level training institutions which provide management and other types of training to the population program management personnel at various levels. Some of the important backstopping institutions are as follows:

- i) Center for Population Management and Research (CPMR) at the Institute of Business Administration.
- ii) Government Officers Training Academy (GOTA)
- iii) Management Development Center.

NIPORT is at present trying to develop training programs in collaboration with these institutions. This would be particularly important for the period when NIPORT does not yet have adequate faculty and other facilities as a training institute. The management institutes (if well developed) can also meet other management consulting needs of the program.

PART B

OVERALL STRATEGIES

Introduction

The consultant team was asked to employ a systems approach in describing and analyzing the management of the population program. The 'normal' management systems of such a program - planning, finance, training, etc.- thus became the major focus of this analysis. However, in conducting this study, a number of other factors kept recurring - factors which cut across the management systems. Several of these were clearly of such overriding importance that the team decided to treat them separately rather than (or, in some instances, in addition to) integrating them into the discussion of each management system.

The first four chapters of this part deal with major aspects of the organization of the population program, both within and broader than the MOHPC. Chapter 8 discusses the 'vertical project versus integration' issue, with the following chapter focussing directly on the NCPC - the Ministry's alternative to the donor's suggestion that an autonomous implementing board be established. Our most basic suggestion on this issue is to accept the Ministry's decision, but make a number of improvements within the 'functional integration' model. The organizational changes we feel are essential for this approach to succeed are presented in chapter 10.

Throughout this report, there are a number of different areas where we have noted additional opportunities for involvement of the private sector. In chapter 11, we have attempted to consolidate these suggestions to emphasize the importance of increasing private-government linkages.

The final three chapters of this part each focus on specific elements of the program - the need to decentralize the innovation process, the need to improve intra-program communications and the need to view all payments to acceptors and motivators systematically.

Chapter 8

Autonomy vs Integration

The population program, since its establishment, has been characterized by recurrent reorganizations: from 1960-1965, it was administered as a normal function of the health service; next it was organized under a separate autonomous structure, the National FP Board; it subsequently was again integrated with health. After 1975 the program reverted once again to a vertical structure under a MOHPC divided into Health and Population Divisions. In 1983, a further reorganization merged health and family planning delivery services at the Thana and Union levels, while higher echelons of the program remained separate. Within recent months, a series of small but important changes relating to implementation of the 'functional integration' approach have been announced by the PCD. It is as yet too early to make a decision as to their effectiveness.

These shifts between integration with health and a separate vertical project are undoubtedly a reflection of the uncertainty as to which approach is preferable. Because of the extremely critical nature of the Bangladesh population problem, one might argue that such a decision should be based only upon a single criterion - the effect on family planning acceptors. Thus, whichever organizational structure would lead - in the short- and medium-term - to more acceptors should be adopted.

We doubt if the reality is as simple as this. In particular, we suspect that an important factor in past (and future) decisions has been (and will be) the personal desires of government employees (for power, for independence, etc). And since personnel satisfaction is necessary for program success, such issues should be included in the decision process.

But even beyond this, governments - all governments - need to consider multiple factors in making important policy decisions. If, for example, one were to structure the population program such that it led to an overthrow of government (as Indira Ghandi experienced in the 1970s), this would clearly be unacceptable - even if it led to increased acceptors. Similarly, if payment of family planning workers were so much higher than payment of other, comparably experienced government workers that the latter refused to work or violently protested, this too would be unacceptable. All such factors - not only the need to solve the population problem - must be considered.

Included among these factors are the positions for and against program autonomy. These arguments have been raging in many countries without a definitive conclusion. Basically, it is impossible to set up a controlled study in which a national integrated population program is compared with a national autonomous population program, with all other factors held equal. Thus, there are only unprovable assertions, opinions that one is better than the other. We will not repeat those positions in this report: they are well-known.

In the past, it is clear that the various pressures - not only of population but also of government workers and donor agencies, of other societal needs, of arguments for and against autonomy - have somewhat balanced each other, leading at some times to a decision for separation, at other times for integration. The most recent decision, for 'functional integration,' appears to be a compromise, with a little bit of separation combined with a basically integrated program. Like all compromises, it has something for everyone, but pleases no-one.

Should another change be recommended at this time? In our discussions with government officials and health and family planning workers at all levels and through our analysis of the management of the program we have concluded that rapid fluctuations in program organization have done more to constrain program success than any other factor. In essence, we do not advocate either autonomy or integration: we advocate stability. If the current program is based on functional integration, then functional integration should be given an opportunity to succeed. Any changes - organizational or otherwise - should, if at all possible, be within the basic context of an integrated implementation of a top-level functionally-separate program - the apparent operational definition of functional integration.

There is another, very different reason why we do not recommend the establishment of an autonomous board: the GOB has very recently, very emphatically rejected such a suggestion; we do not feel it appropriate for a donor agency to ignore such a clear policy statement.

Thus far, the steps taken by the government to implement functional integration are incomplete and, as currently constituted, do not hold much promise for success. Throughout this report, numerous modifications are suggested to improve the chances of functional integration succeeding. In Chapter 10, we make a series of specific suggestions within the framework of functional integration which, we believe, are essential to complete this structural change which the government has begun. But these recommendations are also tempered by a warning that if the basic assumption of the health wing being willing to accept equality with rather than dominance over the family planning wing is incorrect, then functional integration should be abandoned.

(There is another alternative - one which, we suspect, a number of people at all levels in the population program are either actively or passively promoting: to fight the current system and to try to make it fail in order to have a stronger justification for demanding a return to the separate programs of the past. We do not see this as a promising approach - and certainly not one which a donor agency could possibly advocate.)

Chapter 9

National Council for Population Control

The National Council for Population Control (NCPC), reconstituted during 1983 from the previous National Population Council, is headed by the President and Chief Martial Law Administrator and comprises eleven other Ministers as members including the two DCMLAs. It serves, in effect, as a powerful cabinet subcommittee which is responsible for policy planning of the national multi-sectoral population control program and for inter-ministerial coordination in the implementation of its policy decisions.

The NCPC is assisted by an Executive Committee headed by the Minister of Health and Population Control and consisting of the Secretary-External Relations, Secretary-Finance and a Member-Planning Commission as members, plus the Secretary-MOHPC as its Member-Secretary. The function of the Executive Committee is to brief the members of the NCPC and to ensure the implementation of NCPC decisions.

Since its recent reconstitution the Council has considered and approved proposals calling for increased payments to sterilization clients and motivators and has approved a system of community competitions and awards designed to encourage community participation in the population control program. These activities attest to the ability of the Council to take affirmative and supportive action and they suggest the dimensions of its future potential roles.

While it may be premature and presumptuous to attempt to identify constraints and limitations in a body so recently reconstituted and only just beginning to function, two potential structural weaknesses may be suggested: (a) the NCPC and its executive arm have no provision for full-time and continuing leadership in the complex and demanding task of its work with 15 ministries and 150-200 other agencies, and (b) there is no provision for the introduction of new innovative concepts and viewpoints for its consideration.

Recommendation: A full-time, high-level official, with broad knowledge and experience of working within the governmental structure and a demonstrated ability to push things through should be designated as Executive Officer of the NCPC's Executive Committee. His duties would include:

- identifying issues and ideas for NCPC consideration
- preparation of proposals to be presented for NCPC consideration with suggestions for alternate courses of action and their probable consequences
- developing, on behalf of the Executive Committee, the necessary procedures for acting upon the NCPC's decisions
- following through, with the representatives of the concerned ministries, to assure that early and sustained action is taken
- serving as a focal point through whom the NCPC can provide sustained dynamic leadership to the national population control program.

(As an illustrative example of how the NCPC could expedite certain types of action without changing the existing governmental procedures, we suggest the following: if a new position within the PCD has been cleared through the usual channels and approved by the President/CMLA and donor-support for the position is assured, NCPC could stream-line the subsequent procedures for recruitment of a candidate. A time-limit for the requisite Ministry of Finance, Law, Establishment, Public Service Commission, etc. implementing steps could be required, thus assuring urgent personnel needs in what is supposedly the nation's top priority program.)

Recommendation: A 'Mini Think Tank' should be organized under the aegis of the Executive Committee and its full-time Executive Officer, comprising a small group of part-time experts capable of looking beyond the day-to-day exigencies of the PCP and suggesting new, different and innovative approaches. Members of this group, drawn from educational and research institutions, plus NGOs, as well as other informed and influential individuals, would be free to set their own agendas to explore issues of their own choosing, free from the more mundane problems associated with the routine administration of the PCP. They might be expected to provide factual information based upon their observations/research or to suggest new viewpoints, controversial concepts or judgemental values and to suggest policy interventions. The Executive Officer should be empowered to call upon their services - either individually or collectively - as he requires.

We are not convinced that the MOHPC should serve as the focal point for the NCPC and its Executive Committee - but we have no alternative recommendation. Basically, a) the MOHPC already has more than enough to do without adding another responsibility, and b) the NCPC should be concerned with the overall population program - including, but not limited to, MOHPC activities: in particular, we would envision the NCPC as the decision-making authority for shifting some responsibilities from the MOHPC to the private sector (see chapter 11) - a task more difficult to accomplish if the MOHPC, itself, runs the Executive Committee.

Chapter 10

Reorganization for More Effective Delivery of Family Planning Services

Functional integration of health and family planning is the organizing principle which the MOHPC has recently established for the delivery of services. Nowhere have we found a formal definition of this concept, but near-definitions abound. For example:

"The Government's intention is not to integrate the basic organizational structure of both population control and health wings, but only to provide required administrative links that will permit family planning, MCH and primary health care services to be delivered at the grass root level" (Statement by Secretary Mostafa, September 12, 1983, pp. 6-7).

In essence, functional integration thus appears to mean:

- a) separate functional units for health and family planning at the top level, and
- b) an as-yet-unclear 'integration' of the 'functions' of personnel at the field level (to 'coordinate' and 'complement' each other).

The organizational structure which has evolved to implement this principle represents the result of a series of compromises between both sides. The organogram (Figure 4, Chapter 1) is very strange. It basically looks as if the two wings at the Central level felt they could not cooperate effectively, so they instructed their District personnel to cooperate. But at the District level, this also proved too difficult, so they pushed cooperation down still one more level to the Upazilla. At this level, no-one is sufficiently powerful to either complain or push the problem down a further level, so the upazila is stuck with the burden of integrating.

And it is a burden. Instructions come from two different sources, sometimes contradicting each other. The TH&FPO and TFPO have to sort out all this confusion - often to the detriment of a smooth working relationship, as each tries to interpret rulings to his own advantage. Control over funds is a major and continuing bone of contention between them.

Illustrative - but by no means the only example - of the confusion foisted upon the Upazilla level are the conflicting instructions issued in one District where they are told:

"TA bills of all offices of Health and Population Control Divisions will be countersigned by the THFPO..." (Memo No. PP-1/1C-5/82(PT-III923(45) dated 12-1-83), and

"No sanction of or countersignature "by the TH&FPO^ may be required for regular nature of expenditure, such as...TA/DA..."(Memo No. FP/S-3/178/79/53/1928 dated 24-11-83).

The resulting reality of the present version of functional integration is that it is neither functional nor integrated. It is more like a war: when orders come down from above, the TH&FPO and TFPO battle over their interpretation. A direct consequence of this is that solutions for basic problems must be sought in over 400 places - a state of de facto chaotic decentralization of both function and authority in which functional integration is simply not succeeding.

However, we do not conclude from this that functional integration can not succeed. Rather, we conclude that, although in its current form it cannot work, in an improved form a functionally integrated program may be able to work effectively. The basic organizing principle of maintaining separate structures at the top level while linking personnel and activities at the field level is sound. Only the way of implementing this principle needs to be revised. We recommend that the MOHPC view functional integration as an evolving program, which is still searching for its most appropriate implementation approaches. The bulk of this chapter will focus a recommendation for an organizational change whose purpose is to enable functional integration to be successful.

What changes are needed for functional integration to work? Our opinion is that it can succeed if - and only if:

- a) the number of places which receive and interpret instructions from both wings of the Ministry is reduced drastically, from over 400 to a number small enough to allow rapid and frequent integration with the Central level;
- b) there is a clear, single line of authority to and below the Upazilla level; and
- c) family planning is in reality given at least equal priority with health.

In Figure 5, a proposed reorganization of the administrative relationships among health and family planning personnel is portrayed. This figure does not include the technical supervisory relationships (see Chapter 17, section 8) which can remain essentially as they are now. See Annex V for a consolidation at the various job changes recommended in this report to clarify technical relationships among various personnel.

The key characteristics of this proposed reorganization are:

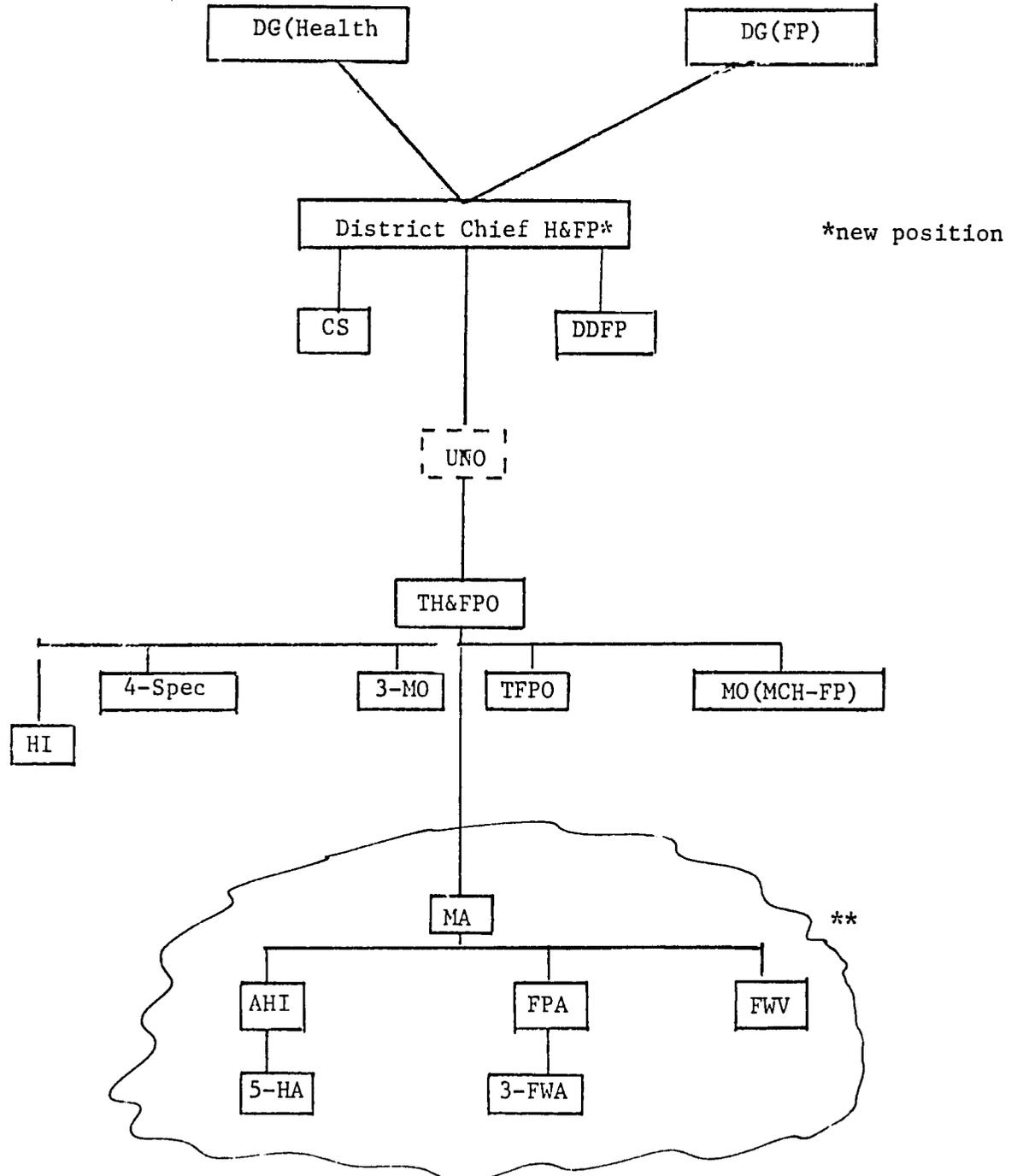
- a) The double line of authority from the health and family planning wings converges at the District rather than Upazilla level. Since there are only 22 Districts, this is a much more manageable number of places in which to control potential confusion and the conflicting interests of the two wings.
- b) From the District to the Upazilla, and from the Upazilla to the Union levels, there is clearly a single line of authority.
- c) The individuals who head the District, Upazilla (and Union?) level institutions must perceive themselves as being at least equally committed to family planning and to health. This is not likely to occur unless:

Figure 5

Proposed revised organization structure of selected positions from District through Ward Levels

Major change: to move the double line of authority from the Upazilla to the District level)

Central level
District level
Upazilla level
Union level
Ward level



**Administrative control at this level can be minimal.
See discussion on page 33.

- family planning personnel are given an equal chance to become the head of the combined unit at each level;
- the head of the combined unit is required to have specified academic credentials in both family planning program management and public health or medical care;
- high-level interventions - from the Ministerial level and above - repeatedly emphasize to the head of the combined unit that family planning must have at least equal priority.

Potentially the most controversial of these suggestions is to allow the DDFP and the TFPO - whose background is usually not medical - to become (respectively) District Chief of Health and Family Planning (a currently non-existent post) and TH&FPO. But only by doing so can the importance of family planning be adequately emphasized. And only by doing so can the DDFP and TFPO be compensated for the loss of the administrative authority they have wielded in the past.

Although it is clear that the District Chief H&FP and the TH&FPO's roles are largely administrative, there nevertheless are some technical responsibilities for which non-physicians may not be adequately prepared. The converse of this is also true: there are some technical responsibilities in managing a family planning program for which physicians are inadequately qualified. These potential problems can be alleviated by two means:

- have physicians (CS and MO) retain residual powers for technical medical decisions whenever the head of the combined unit is from the family planning wing (and have the DDFP and TFPO retain parallel powers for technical family planning decisions when the unit head is from the health wing);
- establish and require appropriate training programs in family planning program management and in public health in which potential DCH&FPs and TH&FPOs can obtain academic credentials in their weaker area (to complement the academic credentials they already have in their stronger area).

To further emphasize the equality of health and family planning for the positions of the heads of the combined units, salaries for these positions can be paid from a combined integrated services unit at the Central level, funded from both wings. Alternatively, they could receive half their salary directly from each wing.

(At the Union level we found a total lack of coordination of the activities of the two sets of personnel: whatever little coordination exists takes place only at the Upazilla level. There are no joint meetings and work-plan development at the Union level. We consider this a serious bottleneck to effective integration of functions. The MA's coordination role certainly needs to be formalized in a more serious way. Logically, the role of the MA at the Union level should be comparable to that of the heads of Upazilla and District levels. However, there does not appear to be a great need at this level for the MA to wield substantial administrative power. Rather, to avoid unnecessary conflicts, it would be realistic at present to limit the MA's functional integration role to conducting regular meetings and monitoring of a Union level joint work-plan. The meetings should focus on exchange of ideas and helping each other to solve problems, rather than on control functions.)

An alternative to functional integration.

The above recommendation, to accept the basic concept of functional integration, but to institute changes in its implementation to make it more manageable, may not be viable. It is based on one very major assumption, that the health wing is willing to accept the equality of family planning. We suspect that it will be extremely difficult to get the health wing of the MOHPC to accept the reality of this equality, especially as it enables non-physicians to become physicians' superiors. This entire reorientation will depend on the government's commitment to the concept of integration and its ability to implement it. If, however, the resistance of physicians to accept equality results in the failure of functional integration, what are the alternatives?

We strongly reject the idea of partial implementation of functional integration and the use of our recommendations for that end. In such a case the health wing may achieve what it wants, rejecting the rest and causing considerable harm to the family planning program as a whole.

It is possible that this recommendation may be accepted 'in principle' but then ignored in reality due to continued opposition from the health wing. A reasonable time limit should be established for implementation of the key suggestions. If they are not implemented within this time it should be assumed that functional integration cannot succeed and that an alternative should be attempted.

The best alternative to the above recommendation for improving functional integration is a complete separation of health and family planning.

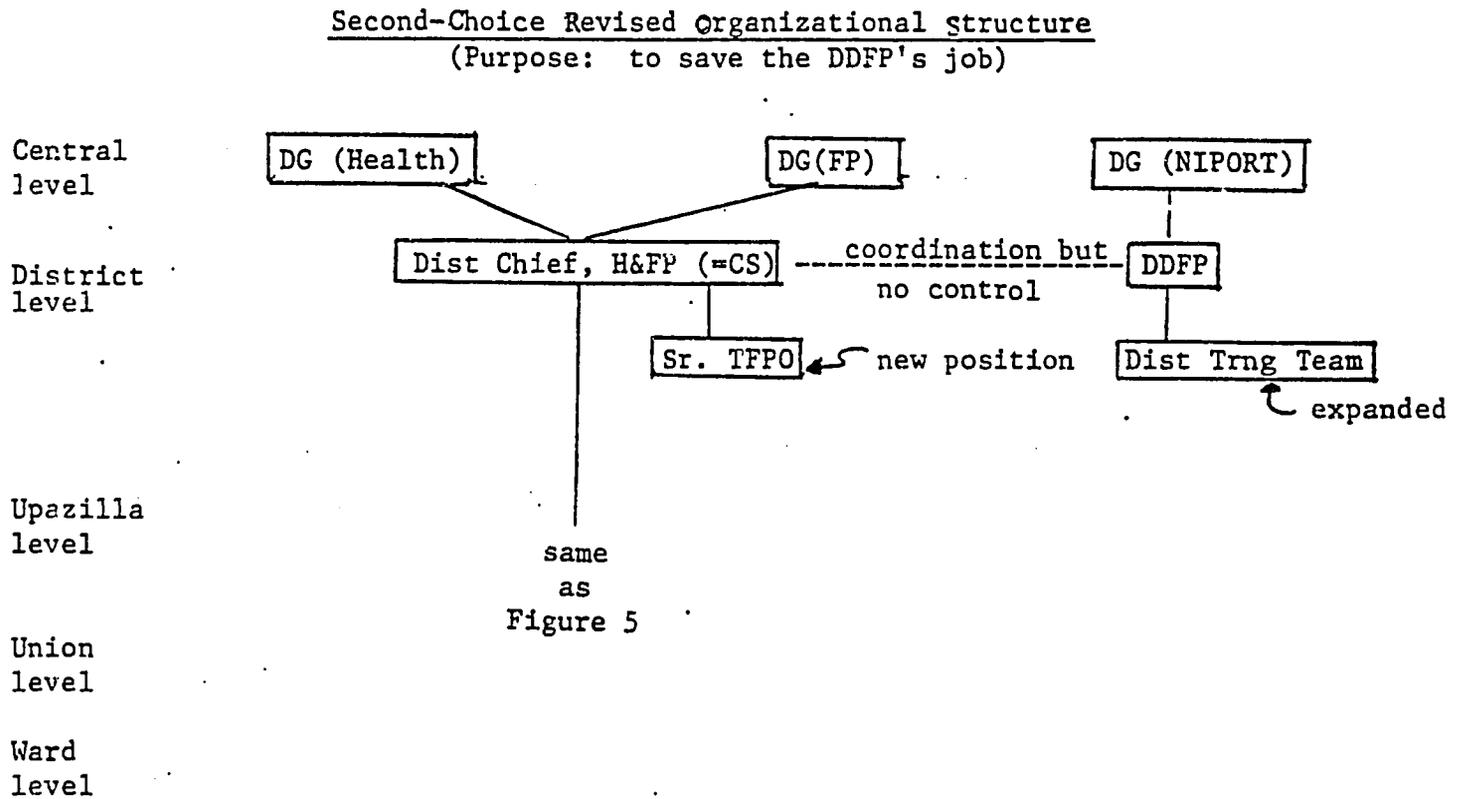
We have not attempted to analyze various ways of structuring a vertical family planning program, but numerous models exist, both from the past experience in Bangladesh and from other countries. If such a separation becomes necessary, we suggest that it would probably be preferable to have an even more drastic separation than the form that existed in the past when health and fp were two separate divisions of one Ministry. At that point of another major structural shift, it may be worthwhile to go for a completely autonomous and powerful body to implement the fp program.

* * *

A worst-case alternative.

If the health side is not willing to seriously consider the establishment of equality between personnel on both sides, and if the MOHPC rejects the idea of returning to separate programs, we do not believe the government's family planning program can be very effective. In this situation, the best that can be hoped for is a salvage operation. If physicians are sufficiently powerful to prevent non-physicians from ever becoming heads of their combined health and family planning units, we predict that the remainder of the structural reorganization recommended above will occur, de facto, anyway. Basically, a clear single line of authority has to evolve if any form of functional integration is to succeed even partially. In this scenario, the role of the DDFP will ultimately become virtually unnecessary, withering away to that of an assistant to the CS. In Figure 6, we suggest one alternative to give him at least a useful, respectable role. In this situation, he becomes the head of a much larger, more powerful District mobile team and is not directly linked to basic program administration but instead focuses on program innovation and quality improvement. Details of the team's purpose and functioning are suggested in subsection 14 of Chapter 17.

FIGURE 6
Second-choice revised organizational structure
 (Purpose: to save the DDFP's job)



Note:
 With this suggestion, a single line of responsibility/authority is established, through the current CS. The DDFP and the expanded District Training Team (described in detail in Chapter 17) would have no regular administrative responsibilities but would have very major responsibilities for quality improvement, through pre-service and in-service training, supervision of supervisors, and development/implementation/evaluation of small-scale action projects.

Chapter 11

Private-Government Interface

It has been found that many NGOs have achieved higher contraceptive prevalence rates than the government program. According to some analyses they have also been less costly.* It is frequently pointed out that the non-government programs, because of their inherently flexible nature, have been able to introduce more innovative measures under effective supervision and leadership.**

Community involvement becomes possible more easily through the activities of NGOs, since NGOs mobilize and support local groups. Through this process private individuals also acquire experience and leadership abilities. In view of these positive experiences of NGOs, and also the fact that it is neither possible nor desirable for the government to do all the necessary motivational and service delivery activities, it is essential to encourage private involvement and identify specific projects which can be handed over to non-government enterprise. This would also be consistent with the governments's planned disinvestment of some government activities to the private sector for greater efficiency.

Involvement of private organizations in government activities. In our analysis of the various systems, a number of possibilities for encouraging private enterprise in population planning and control have been identified. Some of these are listed below.

(i) The family planning personnel, facilities and budget of an entire Thana, excluding the Upazilla Health Complex itself, could be handed over to an NGO. The idea would be to find out whether an NGO can perform better when it is limited to the same budget as the government. After taking over, the NGO should, of course, be able to hire and fire people to improve the efficiency of the program. (Presumably, existing government employees could be given a choice of transferring to another Upazilla or accepting a higher salary with no continuing job guarantee from the NGO.)

*There is a difference of opinion about the cost effectiveness of the NGOs. Government officials maintain that NGO program cost analyses ignore the fact that they are using for free the infrastructure and motivational programs developed by the government.

**Unfortunately, the MOHPC appears to be trying to undermine this advantage. Memo No. PC/S-2(Coord)/134/83/441 dated 4 December 1983, purporting to "facilitate working of Non-Government Organizations/Voluntary Organizations in conformity with the overall objectives of the Population Control Programme..," is highly restrictive in nature; if it is really implemented, it is likely to severely limit their ability to be flexible and innovative. (As this was only received at the very end of this consultancy, it is not possible to analyze its implications completely.)

(ii) Some seed money and guidance may be provided through the DDFP and/or TH&FPO/TFPO for purposes of encouraging local groups to develop and operationalize innovative measures to promote family planning, or to help out with some specific aspects of the government program.

(iii) The government is about to experiment with a new concept - community award schemes. We propose that one or two NGOs may be entrusted with the responsibility of administering ward or village-level community awards in a limited number of places; currently the government has no definite plans for an award scheme at this level, but it is plausible that an award scheme might be more effective at this grass-roots level rather than higher levels.

In Bangladesh there is virtually no experience with community awards in the population field (for that matter, in other fields). It is therefore important to gather some experience with it and proceed with the award in a phased manner, so that there would be adequate experience at all levels prior to their nation-wide expansion.

(iv) Private initiative may also play an important role in many of the multi-sectoral projects which are now being undertaken by the Ministries of Education, Labor and Social Welfare, Agricultural and others.

(v) Some training of field level workers, project managers and others can be provided by experienced NGOs. To some extent this is already occurring (eg, BAVS training of physicians in sterilization procedures), but much more is possible. NIPORT and FPSTC might be asked jointly to explore both the types of training needed by different levels of government workers and the private organizational resources available - actually or potentially - to conduct such training.

(vi) An organization such as CPRM might be contracted to develop training materials to be used for in-service training of field workers and/or PCC members.

(vii) If the DTTs are expanded to become District Quality Improvement Teams, as suggested in Chapter 17 subsection 15, one of their most important roles will be to stimulate local organizational involvement. FPSTC or some other NGO could be contracted to provide technical assistance to the DQITs to help them implement this responsibility.

(viii) Individuals from outside the MOHPC (including, but not limited to, university and NGO personnel) could be selected to serve as part-time Advisors to the DDFPs (one per District). These individuals would have no administrative responsibilities. Their role would be strictly advisory, observing the implementation of the program and suggesting (to the DDFP, to TFPOs, etc.) improvements. CPRM or a similar group might be contracted to coordinate these Advisors' activities.

(ix) SMP has been notably successful at achieving its (currently limited) objectives. Beginning with injectables, other roles for this organization should be explored. If it is agreed to encourage the decentralization of innovations within the MOHPC, SMP staff might be asked to provide training for DQIT members (see chapter 17 subsection 14), TFPOs and others in order to expose them to non-bureaucratic approaches.

(x) In addition to NGOs the government can utilize the services of other private individuals and agencies for a series of activities such as:

- (a) consulting for specific program interventions
- (b) research, evaluation and methodological issues
- (c) project/program operation and management
- (d) auditing the various payment schemes (see chapter 14).

For many of these suggested areas, such as (i), (iii) and (v), it would be important to enlist the involvement of only those private/non-government groups which have considerable experience. Without adequate experience, the NGOs may not succeed in performing the assigned tasks and then failure may be incorrectly interpreted as a general failure of the concept. In certain less complicated areas (eg, item ii) groups with little or no prior experience may be encouraged.

Intermediaries. Effective disinvestment of activities to the smaller NGOs would be facilitated if it is done through an intermediary. In fact the Family Planning Services Training Center (FPSTC), which in itself is an NGO, is presently doing this function to some extent. The government may like to strengthen the intermediary role of FPSTC and thereby channel funds, training and other guidance to local NGOs in rural as well as urban areas. It is important also to have the activities of the local NGOs monitored by the FPSTC on a regular basis. Such monitoring should try to improve the quality of work and use of funds, but not at the cost of their freedom and flexibility to undertake innovative measures.

Other established NGOs such as BRAC, Gonoshasthya Kendra, Pathfinder Fund, Concerned Women for Family Planning and a few others may also be used by the government as effective intermediaries.

Transferability of Lessons. One of the most frequent suggestions to the government regarding the private/non-government activities has been the importance of identifying transferable lessons from these innovative projects to the government operations. The most important of these lessons is that innovations will only occur if there is an atmosphere supportive of innovations. This atmosphere is more difficult to develop - but not impossible to develop - in the typical low-pay-but-secure-position situation characteristic of government employment. If there is significant high-level active support to decentralize responsibility and encourage lower-level government officials to be as creative as possible in achieving the program's goals, we are convinced that government workers can be just as effective as private workers. But this is a very big IF.

Chapter 12

Decentralization of Innovating

The MOHPC, like most government Ministries in most countries, is primarily geared towards implementing a series of routine activities - hospitals and health centres plus the various support mechanisms such as training, logistics, finance, etc. Each year's - or each five year's - planning exercise makes modifications in these routine activities. The bulk of these modifications are usually additions, although some real changes - reflecting revised priorities - also take place.

This reality suggests that very little scope is even allowed for creativity - let alone encouraged. Most people in the Ministry have one responsibility only - to implement a series of tasks which have been prescribed by someone else. The people whose job enables them to explore new and better ways of doing things are the handful of central planners - and even they are limited to prescribed times and procedures.

Our impression is that many of the people working at all levels in the MOHPC are not dull people - they have the capability and interest to be creative. But it is their work environment - with its bureaucratic constraints and structural restrictions on the possibility of suggesting or implementing improvements - which prevents their creative talents from manifesting themselves. Paradoxical though it may sound, we propose that the PCD try to establish bureaucratically acceptable means to enable at least some people to develop and tryout innovative means to achieving the PCD's objectives.

There are numerous possible ways of doing this.

It is the stated policy of Government to promote decentralization of decision-making within overall central policies. This is an excellent objective which, if pursued actively by the PCD, will - we are convinced - improve the quality of program management at all levels. Thus, the second important aspect of this suggestion is that bureaucratically-acceptable means of promoting innovations not only should be established, but should be established below the Central level - at the District, Upazilla, Union and Ward levels.

Several suggestions, for different management systems have this as an underlying objective. Some of these will be described in more detail in Part C of this report. Briefly they include:

- Require the DDFP, TH&FPO (and the MA?), as heads of their respective units, to develop and try out (and report on) at least one innovative approach to project implementation each year.
- Provide appropriate training and workshops at all levels in which participants discuss and devise things they can do to achieve the objective of lower fertility.

- Establish, under CPMR or NIPSOM, a team of Population Management Advisors, one for each district, resident in the District. These Advisors would not be MOHPC employees; they may be from universities or private organizations. They would work 1-3 days per month as Advisors to the DDFP, spending most of their time observing field activities, participating in training and supervision, and suggesting ways of improving program performance.
- Provide incentives to Union, Ward and/or Village Population Control Committees for lowering fertility. Do not specify to them how this is to be done, but encourage them to devise their own procedures.

All of these suggestions have one major flaw: they all are asking an extremely bureaucratic, anti-innovative institution - MOPHC - not only to allow innovations, but to encourage them. And not only to encourage them at the central level, where the central bureaucracy can watch the process closely, but also at lower levels where control cannot be effectively exercised. If the MOHPC is serious about reducing fertility, these or similar improvements are essential. Whether a stultified bureaucracy can allow them is an unknown. If they are not allowed, the implementation of the population program is not likely to improve.

In most countries, nearly all ideas for improvements in government programs are initiated by central Ministry personnel - not because these are the people who are most creative or who know the program best, but because these are the people with the clout to implement their ideas. This suggestion is one attempt to decentralize this process - not only to allow, but also to encourage, initiation of innovations closer to the villages and facilities where the family planning program actually works (or doesn't work). Other approaches to institutionalize the encouragement of creativity at even lower levels in the system should also be explored.

Chapter 13

Center-to-field Communications

Memos and other communications from the center to the field should be clear, consistent, and unambiguous if they are to be implemented correctly. Apparently this is not always true:

Several examples from recent memos can serve to illustrate this problem:

1) A memo dated January 12, 1983 states that:

"one FWW/GHA/HA of the Health Division and one FWA of the Population Control Division will be assigned to a specific ward or area in Union" But there are, on average, nearly two FWW/GHA/HAS per Union. Did this mean the other should lose his job?

2) A memo dated February 16, 1983 reconstituted the Population Control Committees (which are also called Family Planning Committees in the same memo). Among these is a Village PCC. But what precisely is a village? there is no such official designation in the Bangladesh administrative hierarchy, and unofficial conglomerations are of many different sizes, ranging down as far as the bari with its cluster of just a few houses.

3) A memo dated September 7, 1983 states that:

"If any field worker fails to achieve 50% of the target within 6 months of the time-frame laid down for the purposes, he/she will be served with first warning. During the next 6 months, if he/she fails to improve his/her performance and achieve at least 70% of the assigned targets, is liable to be punished..."

This rule contains a number of anomalies: Do the 50% and 70% figures refer to averages over the 6-month period, or is achievement of these levels once in the 6-month period sufficient? Who qualifies as a 'field worker:' does this include the TFPO? What if someone achieves 51% of the target, but never rises any higher (according to the rule, he/she would never be liable for punishment)? What does 'liable to be punished' mean? If a field worker did try to achieve the target (and there were no extenuating circumstances such as illness or a specially-resistant population) and failed, should he or should he not be terminated?

4) See Chapter 10 for an additional example - in this case conflicting memos from two sources.

5) In memo No. PC/S-2(Coord)/134/83/441 dated 4 December 1983 all NGOs are given targets per worker for sterilizations, IUDs, condoms, pills, and injectables/others. Such a requirement fails to take into consideration one of the major purposes for having NGOs involved in the program, that they can be flexible and can try very different approaches. For example,

an NGO might wish to promote some types of contraceptives only (eg, SMP for condoms and pills): their workers cannot be held accountable for not fulfilling sterilization targets when they are not even trying to promote sterilization. Or - another example - an NGO may wish to rely upon a number of part-time volunteers who cannot be expected to achieve as much as a full time worker; equal targets for them would be totally unfair.

It should be the center's responsibility to reduce - not to cause - confusion. We suggest that a mechanism be established within the MOHCP to carefully review all formal communications before they are sent to the field. In particular, this review should focus on internal consistency and on the consistency of content and terminology of the proposed communication with previous memos, rules and regulations. The review should also ensure that all the implications of a proposed communication are considered, such as terminology changes (if a Thana is redesignated as an Upazilla, shouldn't this mean that a Thana Family Planning Officer becomes an Upazilla Family Planning Officer?), effects on recurrent costs, effects on each worker's work load, and effects on the relationships among different cadres.

In addition to these difficulties, central instructions usually contain grossly incomplete implementation procedures. We suspect that this is largely due to their not having been tried out, and thus no-one having a clear idea how to implement them. The result in the field is confusion and selective implementation. If the recipient of the instruction approves of the gist of the instruction, he will interpret it to his advantage and develop his own implementation procedures. If he disapproves, he will file it away and wait for a clarification from the Ministry - a clarification which will probably never come. The result is a selective, chaotic decentralization.

We recognize that this suggestion will have the negative impact of adding another bureaucratic layer and thus slowing down the process of communication between the center and the field. But often the field reaction is simply to refuse to implement an unclear instruction and to wait for further (probably not forthcoming) instructions. Thus any review mechanism which improves clarity and consistency of communications, while it may slow down the process of getting the new instructions to the field, may actually speed up the process of getting the new instructions implemented as intended.

Chapter 14

Reimbursements and Awards

The population program currently includes payments for various purposes to:

- recipients of sterilization and IUDs;
- government workers (for cost reimbursement);
- Dais; and
- general public.

In addition, the MOHPC has decided to add (but has not yet implemented):

- community awards,
- organization awards, and
- government worker bonuses.

The explicit or implicit objective of all these payments is to increase family planning acceptance - not only of sterilizations and IUDs, but of all methods.

Historically, each of these payments and the amounts for each evolved somewhat independently of the others. For example, it appears that the potential impact of the recent increase of payment to Dais on the effectiveness of the FWA was never seriously considered before being implemented. Similarly, the potential impact of payments to the general public on the community award scheme has not been adequately explored.

It is proposed that all of these payments be viewed as a single system, with a single objective - to increase family planning acceptors (with, of course, the proviso of voluntarism). In other words, how can each type of payment be supportive of other types of payments in achieving the program's objective. A subordinate question is: how can both competition and cooperation be harnessed together to work towards this single objective?

Recommendation: When considering the establishment of, or implementation procedures for any type of payment to encourage family planning acceptors, careful consideration should be given to the potential impact on the effectiveness of the other payment programs.

A complete systems approach would require an analysis of the interactions among all seven of the types of payments listed above, as well as among subdivisions of some of these categories (eg, payments to the different levels of government workers). Sufficient information for such an analysis is not really available. In its absence, however, one can at least look at some of the 'bilateral' interactions, ie, the effects or potential effects between any two of the types of payments. Again, in the absence of hard data, one is limited to speculation - but speculation based on logic and some empirical evidence is better than nothing as a formula for developing policies and plans.

Existing and expected bilateral interactions between some of types of payments are suggested as follows:

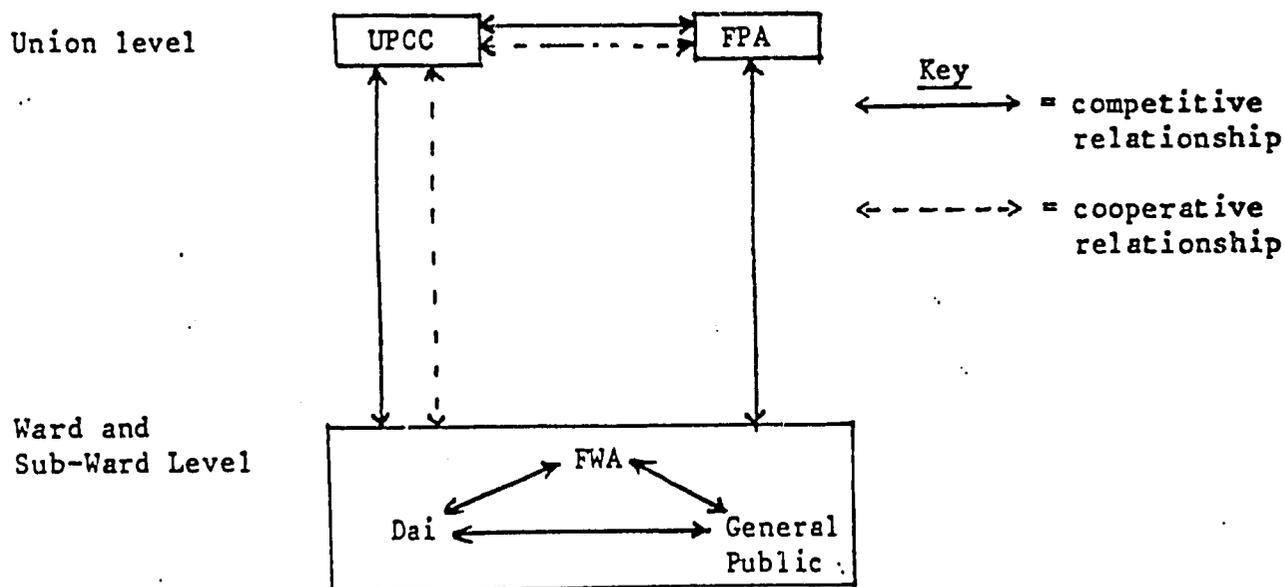
- FPA and FWA: Competitive relationship. Successful motivation of an acceptor by one reduces the pool of potential acceptors for the other. Therefore, it is to the advantage of each to limit the effectiveness of the other.
- FWA and Dai: Same as above.

- FWA and Union Population Control Committee award: There is a potential for a cooperative relationship since it is advantageous for each if the other is successful. Thus, if the FWA can motivate more acceptors, the UPCC is more likely to win the award.
- FPA or Dai and UPCC: Same as above.
- UPCC and general public: The potential relationship here is complex. On the one hand, the UPCC is more likely win the community award if many private individuals motivate their neighbors to accept family planning. On the other hand, individual members of the UPCC fall into both categories: it is to their advantage as committee members to promote acceptors, no matter who motivates them; but it is to their advantage as members of the general public to be the individual who motivates each acceptor. In this latter role, their relationship with FPAs, FWAs, Dais and other members of the general public is competitive, and it is thus to their advantage to discourage other motivators.

These relationships are portrayed in Figure 7.

Figure 7

Nature of Relationships among Different Motivators of Family Planning Acceptors Resulting from Various Payment Schemes: Union Level and Below



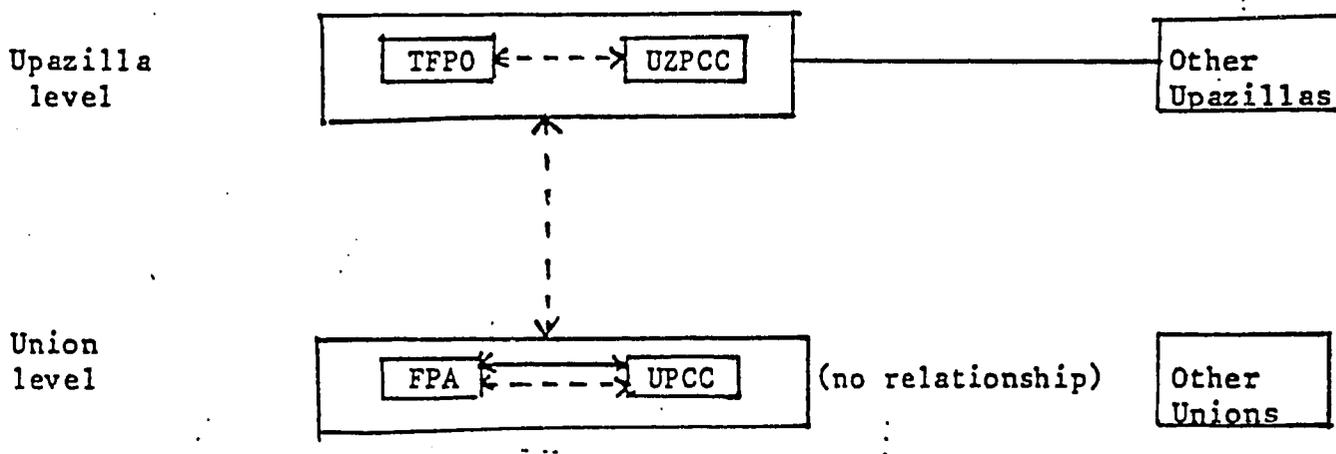
The situation one level higher within the system is radically different. There, the relationships (and expected relationships) are as follows:

- TFPO and Upazilla Population Control Committee (UZPCC): Mutually cooperative relationship. Increasing acceptors means that (a) the TFPO is more likely to win his annual bonus and (b) the UZPCC is more likely to win the Upazilla-level community award
- UZPCC and UPCCs: One-way Cooperative relationship. The more successful the UPCCs are, the more likely the UZPCC is to win an award. (But not vice-versa).
- UPCC and other UPCCs: No relationship.
- UZPCC and other UZPCCs: Competitive relationships. In each District, one will win, all others will lose.

These situations are portrayed as follows:

Figure 8

Nature of Relationships among Different Motivators of Family Planning Acceptors Resulting from Various Payment Schemes: Upazilla and Union Levels



As these two figures demonstrate, there is no consistent pattern within and across levels: sometimes their relationship is competitive, sometimes cooperative, sometimes both.

Recommendation: Integrate all reimbursements and awards into a single payment system, with planned relationships among the different payments.

We suggest that a system be developed based on the following principles:

- 1) Within a level, encourage competition. At the Upazilla level, this currently is projected, with only the best Upazilla in each District winning an award. The same principle can be extended to lower levels. Unions within a given Upazilla can compete against each other, with only the top x% able to win the Union-level award (although this proportion may be set fairly high, even as much as 75-85% of all Unions). At the field level, motivators can compete against each other for acceptors, as is currently the practice (but a major structural modification is suggested below).
- 2) The government worker at each level should be viewed as the agent and never as the competitor of the PCC.
- 3) From each level, the government worker/PCC's relationship to the next lower level should be strictly cooperative, with the higher unit organizing/coordinating activities at the lower level. It should always be in the best interest of the higher unit to have the lower unit succeed.
- 4) System anomalies, such as PCC members having to simultaneously cooperate with and compete against each other and government workers, should be removed.

The system we propose is portrayed in Figure 9. Structurally, it is clearly a simpler system. From bottom up, the following changes from the current situation would be required:

- 1) A series of field motivators - including but not limited to Dais - should be established. They should each be eligible for the higher reimbursement level currently reserved for Dais. Elsewhere in this report (Chapter 18) we suggest an approach for training and certification of new field motivators.
- 2) Only trained Dais and other certified field motivators should be eligible for payments. The 'general public' reimbursement system should be discontinued for two reasons: (a) untrained motivators have neither knowledge nor motivation to provide necessary client followup and (b) anomalies of PCC members possibly competing against the workers they are trying to coordinate must be removed for the system to succeed.
- 3) An FWA should not be reimbursed only for the individual clients she motivates. Rather, she should receive a bonus based on the total number of clients motivated from within her ward - regardless of whether she personally motivated them or another trained field motivator did so. This way, it will be in her best interest to become an effective manager of a number of field motivators.

4) The FWA bonus system may be established on a 'progressive' basis as suggested elsewhere in this report for the community awards (Chapter 18).

5) A very similar system can be established for the FPA, TFPO and, conceivably, for the DDFP. Each can receive bonuses, possibly on a progressive basis, based upon the quantity of acceptors in their Union, Upazilla and District respectively. The actual levels of the bonuses may be based upon a combination of achievement of previously-specified targets and of competition within the level among different Unions, Upazillas and Districts.

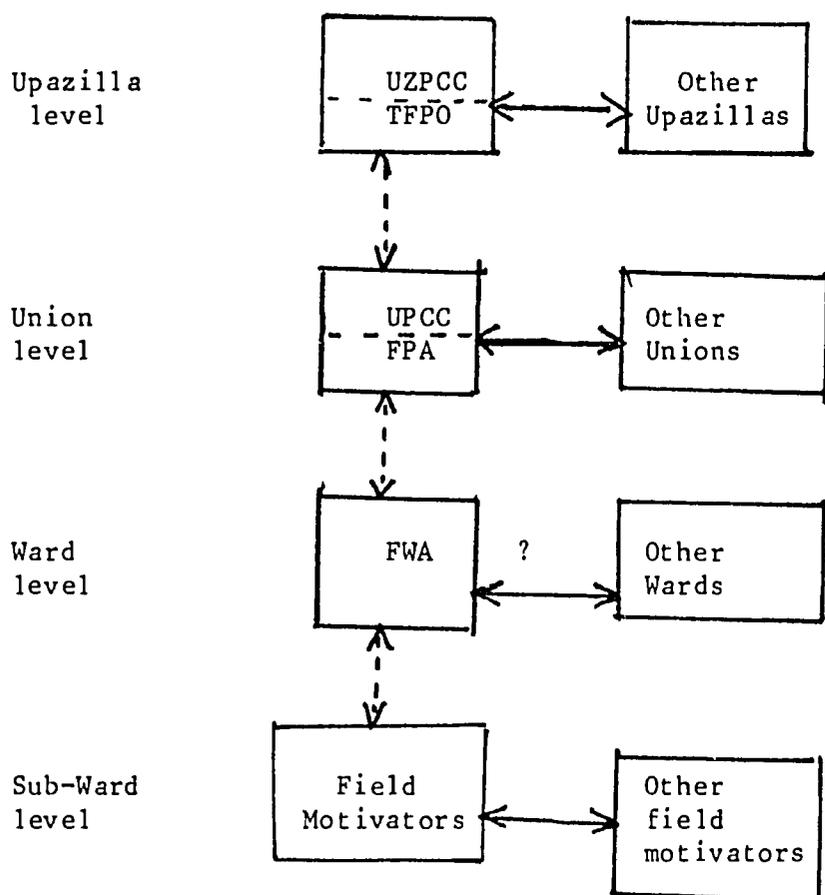
There are a number of issues not addressed in this discussion which would need to be considered in developing a complete system. These include:

- the method of determining targets for each level
- developing targets which combine, with appropriate weighting, the different contraceptive methods.
- developing targets which include process activities such as preparation of complete and accurate eligible couples lists.
- determining the appropriate amount for each payment
- determining the appropriate proportion of winners for each category
- training workers and PCCs to understand all aspects of the system
- incorporation of auditing procedures into the system

Most of these issues are discussed further in Part C.

Figure 9

Proposed System of Relationships within and among
Different Levels of Motivators of FP
Acceptors Resulting from Various Payment Schemes.



PART C

MANAGEMENT SYSTEMS

Introduction

In Part A we described the MOHPC's family planning program as it is presently organized at its several administrative levels - from the peripheral villages to the central structure of the MOHPC. Part B analyzed various broad aspects of the program. Now, in Part C, the administrative/management systems are described and analyzed under the following headings: Policy and Planning, Budget and Finance, Manpower, Community Involvement, Logistics and Supply, and Management Information. The major differences between this structure and that suggested by the scope of work (Annex 1) are: a) personnel, manpower development and deployment, training and supervision have all been incorporated into a large, comprehensive section entitled 'manpower' and b) a new system, community involvement, has been added.

AID/Dhaka had asked, for each of these systems, that we:

- "1) Describe the system.
- 2) Identify both the actual inputs, processes and outputs and those needed for optimal performance of the system.
- 3) Identify constraints within each system.
- 4) Document the needed inputs in sufficient detail so that the USAID can accurately cost them and identify required human resources.
- 5) Justify the selection of needed inputs and processes and why they will result in the needed outputs."

In the time available to us, it was rarely possible to obtain sufficient information to perform as complete an analysis as this. Rather, in most instances, we have tried to :

- describe the system, including some of the key inputs, processes and outputs;
- identify constraints; and
- suggest ways of overcoming these constraints.

Wherever our recommendations appear plausible, a more complete analysis, including costing, might be warranted.

Chapter 15

Policy and Planning

Trickle-Down Theory of Policy Making. Policy making and planning in the population sector are essentially confined to the central level in Dhaka. Major policy and planning steps are determined by the following:

- i) National Council for Population Control (NCPC): NCPC can make major policy decisions and accord cabinet level endorsement to such decisions. Policy decisions at this level becomes binding on all relevant Ministries.
- ii) The population wing of the MOHPC: the Secretary, Additional Secretary, other departmental officials and the Planning Cell.
- iii) Population Planning Section of the Planning Commission.

The national objectives for population planning are based on the 5 year plan. In this plan the population projection and expected fertility declines are crucial features since they determine important assumptions for agriculture, rural development, labor and such other sectors. Review of long-term plans suggests that the targets for fertility reductions are consistently unrealistic. The goal set in the Second Five Year Plan and re-stated in the Two Year Action Plan (1982/83-83/84) is to achieve a net reproduction rate of 1 by the year 1990. Most studies indicate that such a target is not achievable even by the year 2005. The fact that political considerations also influence demographic goal-setting further complicates the situation. On the basis of the national target (indicated in long term plans), the yearly targets are fixed, method-mix of contraceptives decided and then the targets are broken down by districts and lower levels (on the basis of their population distribution). Strategies and logistics are then decided upon for motivation, service-delivery and reinforcement of MOHPC efforts through multisectoral projects of other Ministries.

There are three fundamental problems with this planning process:

- i) The planning is entirely mechanical, done at the central level with little or no use of the cumulative field experiences of the past.
- ii) The involvement of communities/villages in the planning process is almost totally absent.
- iii) The targets are based on impractical assumptions for fertility declines.
- iv) Management constraints are not taken into account seriously.

The Planning Cell, MOHPC. There is a Planning Cell in the Population Wing of MOHPC. The Cell performs the extremely important function of developing projects and, to some extent, monitoring them. It does not, however, do any prospective planning which would look into the entire population sector (both government and NGOs) to identify problems, suggest short and long-term solutions and innovations. The planning process seems to concentrate on routine project development and 'crisis management' rather than forward action planning. The Planning Cell presently has 1 Deputy Chief, 3 Assistant Chiefs, 6 Research Assistants and 1 Statistician. Its major activity centers around the development of Project Proforma for individual projects and the preparation of background materials for negotiation with other Ministries for project approval. Since it has to deal with project aid, it also has to keep close liaison with the donor agencies.

Though there is also a Construction and Maintenance Cell in existence, the Planning Cell has major responsibilities regarding construction. It is responsible for finalizing such matters at site-selection, tenders and construction updates.

The preparation of Project Proforma and details of schemes should ideally be done by the Executing Agencies (or Project Directors), while the Planning Cell could do pre-project concept development and provide guidance. In reality, because of the lack of appropriate training and experience of the personnel of executing agencies, the Planning Cell ends up preparing most of the Project Proformas. For most of these projects no systematic feasibility studies are conducted. Since the basic work for project development is not done at the field level, they miss many practical aspects which later cause problems with implementation. Since the Planning Cell is overburdened with project-related work it has little time to assess individual project development in the context of the defined objectives of the sector.

Planning Commission. In addition to the Planning Cell, there is a Population Planning Section in the Planning Commission. The primary task of this section is to examine the projects developed by the Planning Cell and to keep the project development process in line with the Five Year Plan objectives. Evaluations of the various impacts of policy changes (through periodic assessments of the program) is not done by this section.

Recommendation: The Third Five Year Plan (1985-1990) is being prepared now. This may be an excellent opportunity for the various Government bodies involved in long term population planning to come up with a prospective plan which would do the following:

- (i) Develop realistic national targets on the basis of a sound analysis of existing data and practical projection of program resources and management capabilities. Past experience suggests that impractical objectives have decreased program efficiency.

The final responsibility for establishing a national goal will reside with the NCPC. However, the Population Planning Section of the Planning Commission should play an important role by making relevant information available to the policy makers and guiding the MOHPC to develop a realistic plan. Within the Population Control Wing of the MOHPC, national demographic goals and objectives can be translated into specific targets by the MIS Section which already has experience in the procedures (See section on MIS, chapter 20).

- ii) Besides the MOHPC activities, the plan should include the projected role of NGOs and the multisectoral projects of other Ministries. In doing this it would be very important to identify projects, or components of projects, which could be handed over to the NGOs (see chapter 11).
- iii) The long-term plan itself should be reinforced by short term action plans.

Recommendation: The Planning Cell should have a more important role in prospective plans as well as short-term Action Plans. To do this, the Cell would have to have one group of people who are not swamped by the project development work. For a more effective role for the Planning Cell the following steps can be taken:

- i) The Cell should get the personnel which was originally sanctioned: 2 Deputy Chiefs; 5 Assistant Chiefs; 8 Research Officers and 1 Statistician.*
- ii) The work related to the construction activities, which the Planning Cell is now doing, should be transferred to the Construction and Maintenance Cell.
- iii) Ideas for projects may come from the Planning Cell, but a greater involvement of the Executing Agencies is necessary in preparing the Project Proformas. More feasibility studies should also be done for project preparation.

Recommendation: The NCPC and the proposed 'Think Tank' (see chapter 9) may play an extremely important role in introducing major innovations and policy interventions in the population sector. It may also resolve problems which could stop the continuous shift between integration and separation of health and fp programs.

Recommendation. The important question of community participation, in planning and shaping policies, needs to be given far more attention than it now receives. Such participation should be sought from both informal and formal individuals and institutions at the local levels. A process of continuous exchange of information between the center and the local levels (as suggested in the MIS section) is essential to make such effective local involvement feasible. Local public participation in project development and review may be a particularly useful initial channel.

Management By Objectives. Quantitative acceptor targets are an integral part of the government planning process. This can be a first step towards establishing what could become an effective way of managing many elements of the program through relating process activities towards desired and then actual outcomes. An MBO approach is not as difficult as it may at first seem, but it does require staff at all levels who understand and accept the program's objectives, the relationship of their individual activities to these objectives, and step-by-step procedures for planning and implementing the activities to achieve the objectives. A substantial learning process, beginning at the highest levels in the system, is required to first ensure that MBO is understood by all.

Recommendation: Approximately a dozen high-level MOHPC/PCD officials should study MBO. They should then plan a series of training courses and other activities to institutionalize this approach to general management.

*The number of Statisticians may be 2 and the number of Research Officer may be 7.

The population program, by its nature, has a relatively simple overall goal - the reduction of fertility. The current program transforms this overall goal into a series of acceptor targets for each method. Unfortunately, the approach used (in which each worker is given a fixed target for acceptors of each method) does not help workers to understand the relationship between their activities and an overall national (or lower-level) objective. Workers tend to perceive targets as an externally-imposed burden rather than a helpful guide. The 'contraceptive prevalence programming' suggestion in the 1981 Pillsbury report is an excellent solution to the problem, primarily because it enables each worker to monitor his or her own performance with respect to an understandable objective. We were told that this approach has not been applied because it is too difficult to train field workers and too difficult to obtain some of the required data. We are not convinced of the validity of these objections.

Recommendation. On a small scale, both government and selected NGOs should train workers to use contraceptive prevalence programming as a means for establishing field worker objectives and for monitoring their achievements. Training and supervision approaches should be developed and improved as part of this process. If it succeeds, CPF should be used as the basis for community awards and worker bonuses.

Miscellaneous. We were told that a considerable quantity of food is distributed by the World Food Program and USAID - but that this only goes to less than 1% of the population. It was suggested that if fp acceptance (presumably of sterilization) were to be a criterion for food distribution, acceptor rates would rise rapidly. We questioned the ethics of such an approach, since food should presumably be distributed only to those with the greatest need. The response was that: (a) current selection is largely through political favoritism; (b) far more than the small numbers of people who currently receive the food could legitimately (by need criteria) be eligible for it; and (c) those who go for sterilization now do tend to be the poorest people anyway. The gist of this argument is that if food were used as an incentive for fp acceptance, it would increase the proportion of food going to the poorest families. We are not sure of the validity of this argument, but suggest that it be explored further.

Chapter 16

Budget and Finance

The Project Orientation. Major activities of the population wing of MOHPC are being conducted under the development budget. The development budget in the population sector comprises allocation for a number of projects primarily dependent on donor money with some counterpart funds provided by the Government of Bangladesh.

Each project has its own lifecycle (the number of years agreed upon in the Project Proforma). The annual break-down of all project budgets for a given year is incorporated in that year's Annual Development Plan (ADP).*

The ADP for the financial year 1983-1984 for the population wing of MOHPC includes a total of 24 projects. Of these, 20 are Core Projects, 3 are Non-Core and 1 Project has been shifted to the Revenue Budget. The Planning Cell of the population wing of MOPHC which was formerly a Core Project has now become a permanent part of the Ministry and has been placed under the Revenue Budget.

In addition to these MOHPC projects there are multisectoral projects in population administered by other Ministries. Core Projects form an important part of the overall population program and, therefore, they cannot be dropped even when donor funds are not available; there are restrictions on budget cuts possible for such projects. A Non-Core Project has lower priority and can, therefore, be dropped or have its budget reduced, if necessary.

In financial terms there are three categories of Projects and three levels of approving authority, as shown in Table 1.

*The ADP is the consolidated development budget for a financial year for all sectors.

Table 1Project Categories and Approving Authority

<u>Project Category</u>	<u>Approving Authority</u>
<u>'A' Category</u> All projects/schemes costing up to Tk. 20 million.	MOHPC on the recommendation of the ministry's project Evaluation Committee (PEC).*
<u>'B' Category</u> i) All projects/schemes costing between Tk. 20 million and Taka 50 million. ii) All feasibility studies for projects and Planning Cell projects, irrespective of their cost.	Ministry of Finance and Planning on the recommendation of the Planning Commission Project Evaluation Committee (PC/PEC).
<u>'C' Category:</u> All projects/schemes costing more than Tk. 50 million and not included in 'B' Category.	Executive Committee of the National Economic Council (ECNEC) on the recommendation of the PC/PEC and the Ministry of Finance & Planning.

*The Departmental Project Evaluation Committee for the Population Wing of the MOHPC is constituted of representatives of the following:

- (a) Population Planning Section of the Planning Commission
- (b) External Resources Division
- (c) Finance Division
- (d) Establishment Division
- (e) The Executing Agency
- (f) Head of the Planning Cell of the Population Unit of MOHPC.

The Government has developed specific rules for the preparation and processing of Projects with clearly prescribed time limits for each stage.* The prescribed time limits provide 6 months for a complicated 'C' Project and as little as 67 days for an 'A' category project. In reality project approval is extremely time consuming particularly due to the large number of steps involved in the inter-ministerial and donor coordination.

The delayed approval of individual schemes (within a Project), long after the commencement of a project, stands in the way of smooth implementation in funding, manning and scheduling of activities. For example the MCH and Family Planning Project was initiated in October, 1978, and the agreement covering all its schemes was signed in July 1981 (five months before the completion of the Project). Though such problems are primarily due to lack of appropriate planning and processing of projects they have serious adverse implications for the flow and use of funds and their effects on implementation.

The Financial Procedure. The financial management of the program comprising the MOHPC, other multisectoral Ministries/Divisions, Organizations, and some NGOs is complex. The three main donors are the World Bank, UNFPA and the USAID, but in addition there are a number of other agencies also involved in funding the activities of the population sector.

The steps in financial management of projects may be summarized as follows:

- i) Preparation and approval of ADP (which, in theory, should be consistent with the Five-year Plan objectives.
- ii) Approval of break-down of allocation by Finance Division.
- iii) Release of funds by the Ministry/Division for:
 - (a) Core Projects &
 - (b) Non-core Projects
- iv) Drawing of funds by the Executing Agencies from the Accountant General's Office.
- v) Sub allocation of the funds to the field organization by the Director General.
- vi) Drawing of funds by the field organization from the Treasury/Sub-Treasury.
- vii) Maintenance of the Project Accounts and submission of monthly expenditure statement to the Director General/Project Director/Head of the Department.
- viii) Accounts are classified as:
 - (a) Reimbursable and (b) Non-Reimbursable

*Government of Bangladesh, Ministry of Finance & Planning, Procedure for Processing of Development Projects in Public Sector, July 1982.

Most Donor funds are reimbursable expenditure, whereby the Government first provides the fund for expenditure and subsequently gets reimbursed by respective donor agencies. The counterpart fund in Takas provided by the Government of Bangladesh (GOB) is non-reimbursable. Expenditure statements (for the reimbursable components) are required to be submitted to the Project Finance Cell by the Director General/Project Director/Head of Department. The Project Finance Cell then consolidates and submits claims to the donors for reimbursement. The reimbursement is made to the respective Project accounts in the Bangladesh Bank.

- ix) In the ADP most projects have a foreign exchange allocation for vehicles, goods, medicines, equipment and technical assistance (fellowships, consulting). Procurement and utilization of the foreign exchange component are done separately for each Project.
- x) Project accounts are audited by the in-house audit team of the Project Finance Cell and audit certificates issued by them. In addition external audits are done by the Government, and some donor agencies audit their individual funds.

Salary and allowances. All salaries of officials from Central to Thana level and allowances (that go with the positions) are paid from the Revenue Budget. Once a post is created and approved, salary and allowance payment to these officials is not usually a problem.

Salaries/allowances of all field level workers (below the Thana level) are paid from the development budget.

Most salaries and allowances for field personnel come from the Family Planning main scheme, a major part of which is funded by IDA. Payment of salaries and allowances associated with a certain pay-scale does not seem to be a problem. Recent reorganization has, however, raised some confusion as to which of the posts are in existence and what new posts have been added at the Union level and below. This has caused problems of salary payment to some of the field officers. This problem may get sorted out if the reorganized positions, at those levels, are clarified soon.

All salaries for district level and below are received through the treasuries at the district and sub-division levels.

Sub-allocation of funds under salary/allowances head are made to the treasuries/sub-treasuries by the Director General's office.

The problem with regard to salary and allowance is not one of payment. It is the more fundamental question of the level of salaries and their comparability with the personnel of Health Wing of MOHPC and other Ministries posted at similar field levels.

Constraints and Possible Interventions. One of the main problems is the timely availability of the GOB portion of the Taka funds in the ADP. Because of revenue/resource constraints and lack of advance planning such funds become scarce and cause delay in the release of funds. Sometimes this also leads to reduction of budget and delaying or freezing the filling of sanctioned posts in approved projects.

Flow of funds is particularly problematic in projects (or parts of projects) which are in the ADP but have not received the formal approval of the Ministry of Planning or the ECNEC. This is further complicated by the inclusion of schemes at the beginning or in the middle of the ADP. This seems to be due to lack of advanced planning of projects and adequate feasibility studies.

Personal Ledger Accounts (PL Accounts) which allow flexibility by providing advanced sanctions for critical areas are available only to a limited extent. PL Account operation through commercial banks (many of which are still nationalized) instead of Treasuries/Sub-treasuries can facilitate effective and expeditious fund utilization. An example of this is the PL Account, through nationalized bank, permitted for the voluntary sterilization program. A similar PL Account has been requested for the IUD program, but has not yet been approved by the Finance Division. PL Account may be useful in a few other areas, such as: (a) some expenditures of NIPORT and (b) on-the-spot essential expenditures at the Thana and Union levels (e.g. purchasing kerosene, batteries for flash lights and other essential supplies).

Presently, contingency funds are made available at the District level with sub-allocation for the Thanas. The FWCs at the Union level have no contingency funds and they can only receive essential items purchased at the Thana level and above. The consultants in their field visits found this to be a major problem at the FWC level (though it may involve only petty cash). It is absolutely essential that the FWCs have small amounts of contingency money available for meeting the minor, but crucial operational expenses at that level. The problem is that under the present rules the MA or FWV cannot be Drawing and Disbursing Officers (DDOs). Without going through the problem of making a major change in the regulations, it may be possible to authorise the MA and/or FWV to handle the required small amounts at the FWCs on behalf of the TH&FPO and TFPO who are the DDOs.

In view of the decentralization measures leading to the upgrading of Thana to Upazillas, it is necessary to review the financial allocation procedure to determine if the sub-allocations should be made by the DG directly to the Upazilla (and in the near future, Union) level, thus reducing the District's role in the matter. There may be confusion in the financial procedure, unless such matters are sorted out along with the overall decentralization process.

At the Thana level and below, particularly at the Ward and Union levels, there are a lot of complaints about non-payment or delayed payment of TA and DA of workers. This needs to be studied carefully by the Government. The TA of Health Assistants (being a fixed amount) causes hardship on them. A simple check may be conducted in a few Thanas to examine the situation.

Lack of skill-oriented training (in finance and management) of the field and higher levels of Project managers slows down utilization, account, and reporting of fund use.

There are often delays in the DG's office in making sub-allocation to the field offices and, as a consequence, expenditure statements from the field levels are also delayed, causing a considerable lag in the reimbursement process. As a result, utilization of foreign assistance suffers. If those procedural matters are sorted out, they would enhance efficiency of utilization.

The present system of post financing (through reimbursement), followed by donor agencies, creates considerable pressure on the Government's own available resources, especially at times of extraordinary demands in other sectors. Occasionally, the World Bank and UNFPA have made advance payments on the basis of estimated expenditure of a Project for a few months. This process of pre-financing on a more regular basis may be considered by the donors; it may enhance the scope of timely utilization of funds.

In the absence of standardized and adequate procedures for bookkeeping and reporting, the Project Finance Cell finds it difficult to monitor the financial activities of the executing agencies. Examples of some of the problems faced by the Project Finance Cell are as follows:

- i) Expenditure statements of executing agencies are not always supported by necessary bills and details of salaries.
- ii) Many executing agencies do not maintain separate books of accounts for the project. Entries are made with other departmental accounts thereby increasing the possibility of errors in the monthly statements.
- iii) Executing agencies are not always aware of the distinction between reimbursable and non-reimbursable components.
- iv) Most executing agencies record expenditure under four head of accounts:
 - a) Pay of Officers
 - b) Pay of Establishment
 - c) Allowances and honorariums
 - d) Contingencies

Consequently, all expenses other than pay and allowances are recorded under 'contingencies'. This requires regular analysis of contingency accounts and maintenance of cumulative records, which is not being done currently.

From the PFC's point of view it is essential to have these problems studied and a more uniform and efficient system of accounting and reporting developed.

Recommendation: In accordance with its terms of reference, the Project Finance Cell is to monitor and administer foreign assistance for population projects. For the PFC to be able to execute those functions the following are essential:

- i) The Cell should be developed as an effective tool of internal project evaluation. Its current inspection audit functions can be expanded to include financial controlling, management auditing and cost benefit or cost effectiveness analysis.

- ii) Through job analysis and training, the internal audit team of the PFC may become useful for problem identification and problem solving, and also assist with on-the-job training for staff at the field levels.
- iii) Develop a mechanism to ensure accountability of the Projects to the Project Finance Cell at all stages. This will also reduce the monitoring responsibilities of the development section (under the Deputy Secretary, Development) of the Ministry and allow them to focus on other important issues.
- iv) Considerable strengthening of the present manpower of the PFC and specialized on-the-job training of its personnel in financial management are needed.

Recommendation: On-the-job financial training for relevant project/field managers is needed. Curricula and teaching materials for such training should be developed carefully with major inputs from local experts and through assessing training needs directly from the prospective trainees themselves. A manual may be developed which will contain several simplified modules covering the roles of financial management personnel at various levels.

Recommendation: Donor agencies can arrange a series of meetings to discuss a more uniform auditing system of donor funds. This may require a review of the financial procedures and rules followed by the individual donor agencies.

Recommendation: Allocation of foreign assistance from different donors for the same project/components creates complications in maintaining accounts and overall coordination of the funds. As far as practicable, the Government should arrange assistance for a particular project from a single donor.

Recommendation: In view of the overall reorganization of the administration in the country through the decentralization process, it is essential to re-examine the drawing and disbursement of funds at the field level. The Upazilla and Union level officials may have to be assigned a more substantial role in drawing and disbursement. The decentralization of financial powers to the Union level may take some time. It is, however, recommended that adequate contingency funds be made available at the FWC levels as soon as possible.

Chapter 17

Manpower

Any complete, government-run health/population manpower management system contains the following basic elements for each level in the system:

- 1 - Assessing the characteristics required of personnel and developing their job descriptions
- 2 - Planning the quantity of each type of personnel needed
- 3 - Approving positions and salary
- 4 - Selecting trainees
- 5 - Training trainees
- 6 - Placing and later transferring personnel
- 7 - Paying them
- 8 - Supervising them
- 9 - Providing in-service refresher and upgrading training
- 10 - Policing or inspecting them
- 11 - Maintaining and monitoring personnel records
- 12 - Providing reasonable opportunities for promotion, career progression
- 13 - Periodically evaluating and modifying all of the above.

In this section we have attempted to describe and analyze as much of each of these processes as possible. In some instances, the data base available to us was insufficient. Much of the basic data for this section is included in Table 2, although clearly this table has numerous gaps.

Following the discussion of each of these thirteen elements, we have added sections on the District Training Teams and NIPORT - the institutions at the District and Central levels whose responsibilities cut across several of the elements of the manpower management system.

(1) Assessing characteristics required of personnel and developing their job descriptions. In the initial stages of development of any activity such as the Bangladesh population program it is necessary to decide what types of personnel are required. This should be done by first clearly assessing what needs are to be filled by the program, then identifying the various tasks which must be performed in order to fill those needs, then combining various tasks (according to levels of difficulty and similarities among required skills) into job descriptions for the different types and levels of personnel.

All of the positions in the program - except the ATFPO and the DTT positions - were created in the 1960s. Institutional memory is weak, and thus it was not possible to ascertain the process used at that time.

But changes in job descriptions have occurred recently - in some instances far too frequently. We were not able to identify the job revision process very clearly, but it appears to consist essentially of a series of meetings at Secretariat level. It is not clear how much - if any - feedback was received from current holders of each position or their supervisors during this revision process.

Summary descriptions of the jobs of family planning workers are included in Table 2. Suggestions for job modifications of several types of workers are included in various parts of this report. These include the DDFP (to remove some of the burden of program administration and shift to a focus on quality improvement - Chapter 10, figure 6), the TFPO (same objectives - subsection 9 of this chapter) and the FWA (to shift from motivating to training and organizing motivators - Chapters 14 and 18). In addition, we suggest consideration of the following modification of the FPA and the FWA/HA's jobs:

FPA: The FPA is a male, Union-level worker who is trained with FWAs. His job consists, in essence, of 'joint visits' - a form of supervision - with FWAs, plus independent recruitment of family planning acceptors. His supervision role is curious: (a) having been trained with the FWA, his knowledge, presumably, is no more than hers; (b) being male, his presence makes it very difficult for the FWA to conduct her usual discussions with female villagers when they visit houses together; and (c) as an independent recruiter of acceptors, he is a competitor of the FWA - certainly a difficult basis upon which to build an effective supervisory relationship. Given this situation, we suggest that something be done to improve the relationship between FPA and FWA. Three possibilities are proposed:

Alternative 1 - As FPA positions become available (through retirement or promotion to ATFPO posts), they should be given to Sr. FWAs - thus gradually shifting the FPA role to more senior, experienced women.

Alternative 2 - Remove the FPA from any direct responsibilities vis-a-vis FWAs. Make him strictly a field motivator, covering the entire Union. Make the FWV the supervisor of the FWA: she is female, is more knowledgeable and is geographically closer.

Alternative 3 - Make the FPA more of a Union-level organizer, responsible for a Union-level target which might consist of four times each FWA's individual target. Enable him to request the FWV to supervise any FWA who is having difficulty. He can still retain a residual supervisory relationship with the FWAs, but should focus primarily on organizing volunteer assistants, conducting community discussions, as well as house-to-house motivation. A modification of this idea - with the FWA as the community organizer - is presented in more detail under Community Involvement (chapter 18) and Reimbursements and Awards (chapter 14).

FWA/HA: Currently, the FWA and the HA are expected to provide MCH/FP/PHC services involving a wide range of specified tasks, including family planning, immunization, ORT, nutrition, health education, hygiene, CDC, sanitation, medical referrals, motivational efforts, maternal and child care, and maintaining records and preparing reports.

The present in-service training program for these peripheral field workers is designed to familiarize them with the basic concepts of, and procedures for implementing, these varied activities; their supervisory structure is intended to encourage and support workers in carrying them out. In actual practice, field workers find it impossible to perform all of these tasks; they necessarily select a more limited cluster of tasks for more intensive effort. No organized

system has been evolved by which workers, trainers and supervisors all agree upon the same, more limited constellation of tasks - with the result that different targets, expectations and achievements are encountered.

Recommendation: At the national level or, preferably, at the district level, prioritize the FP/MCH/PHC services to be delivered. Since population control is the government's top priority program, fp services should be among the high priority tasks; ORT and tetanus toxoid could be MCH/PHC supportive procedures.

(2) Planning the quantity of each type of personnel needed. Manpower planning is essential to ensure that the right quantity of the right type of people are in the right places at the right time.

After determining who the right type of people are - the job development process outline in the previous section - the next step is to decide on the number of each type required. This is essentially a quantitative rather than a qualitative process, in which the numbers of people required for each position is determined by reference to some other external quantity. There are several different ways of doing this. One might, for example, base the number of workers required on the prevalence of the activity or condition - in this case the prevalence of 'non-acceptance' of family planning. (If, for example, the objective is to motivate all e eligible couples and it takes t time, on average, for an FWA to motivate one eligible couple, then the number of FWAs required is $e \times t \div$ amount of time the FWA works.) A similar approach could be based on targets (ie, determine the number of FWAs needed by adding the amount of FWA time required to motivate for each of the types of acceptors weighted according to the targets, then dividing by the amount of time the FWA works). A much simpler, although less valid, approach is to base the number of each type of personnel needed on the population served or - even more simply - on a fixed number for each type of insititution, regardless of the size of the population served; this approach is much easier to determine, but may create significant difficulties if it results in major discrepancies among targets per worker, or if worker targets are unrelated to the population they cover.

The PCD used the population and institution-based approaches in determining the number of each type of personnel required. FWAs, FPAs, and FWVs are a fixed number per Union - a division which, in turn, is based (more-or-less) on population. TFPOs (and ATFPOs) are a fixed number per Upazilla (which is not based on population). Similarly, there is one DDFP per District, regardless of its size. The DTTs are primarily based on institutions (one team per District), with some modification for population (a few of the larger Districts have two teams).

Some of the discrepancies among the different methods of determining manpower requirements can be clarified by looking at the quantitative requirements of each position.

FPA: The FPA's job is to supervise and conduct joint visits with three FWAs. He also is an independent motivator, covering one Union. The 1-to-3 ratio of supervisor-to-supervisee is excellent, providing more than adequate opportunities for supervision to occur. Thus, quantitatively at least, the number of FPAs for

the supervision portion of their job is sufficient. However, for the other major part of their job, a problem exists: motivating people in an entire Union - about 20,000 people - is clearly impossible. If he were to attempt to visit and motivate in every eligible household, it is doubtful if he could cover the Union completely in less than one year; with such infrequent visits, he would accomplish very little. Thus, only a target-based approach, with the FPA recruiting selectively, is possible; complete coverage of the entire ward in such a situation is not desirable.

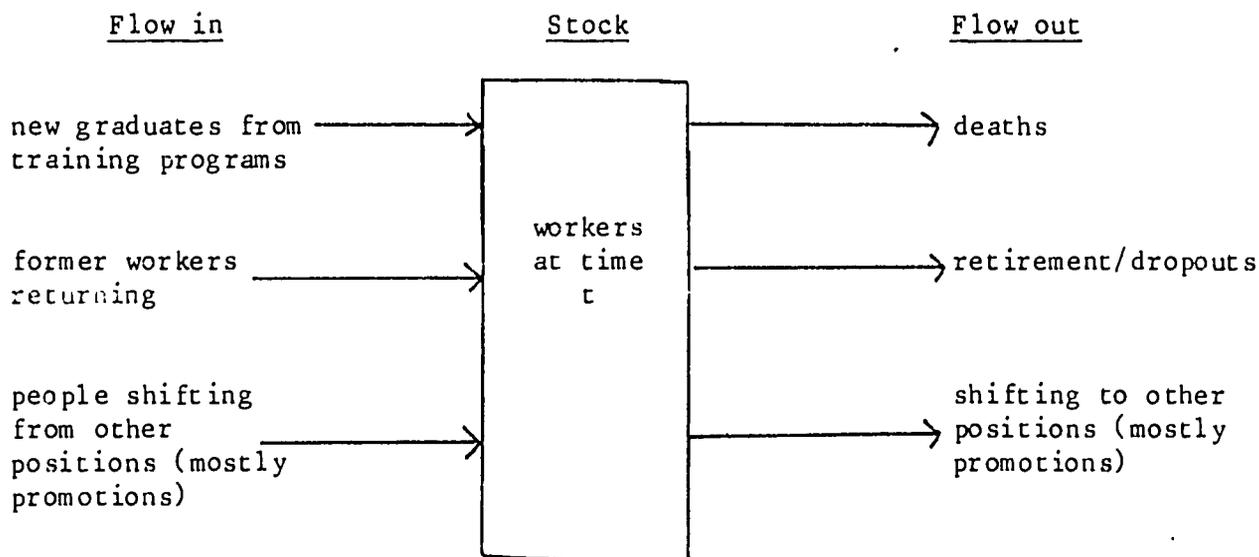
FWV: The FWV is basically facility-based, but is also expected to do some home visiting. Clearly, as with the FPA, there is no possibility - or desirability of her visiting every home in the Union. Complete coverage can only be achieved if many more FWVs were recruited - probably an unrealistic expectation at this time.

Upazilla-level and higher positions. Determining the number of personnel needed for each of these positions requires an analysis of the time needed for both facility-based activity and field supervision. Variations in the size of each unit (and, therefore, the time required for field supervision) also must be considered. In each instance, the current quantity of personnel is not based on such an analysis, but is simply based on a fixed number per unit. In one instance an additional position (ATFPO) is being added to compensate for an obvious quantitative inadequacy. At the District level, the quantitative inadequacy for field supervision (a District covers, on average, nearly 10 Upazillas) is being compensated for by assigning the CS and ACSs, along with the DDFP, the responsibility for supervising 1/4 of the Upazillas; from a purely quantitative perspective, this is a plausible solution, since the resulting 1-to-5 supervisor-supervisee ratio is reasonable.

After calculating the number of people required for each position, the next part of a manpower planning process is to assess the changes in numbers required over time, and to match these with the expected supply. For any category of worker at any time, there is a certain 'stock' - the number of people working at that time in that position. There is also a 'flow' of people into and out of this stock. The 'stock-and-flow' model can be illustrated as follows:

Figure 10

Stock and Flow Model for Manpower Planning



There are a variety of ways of estimating the numbers in each of the above categories. Such an exercise is extremely useful in assessing when and where manpower shortages may become a constraint on the functioning of the system.

Except for the ATFPO position, there do not presently appear to be any serious quantitative manpower constraints among field personnel. Even for the ATFPO, although their numbers are large (405), their training is brief (only a few weeks); thus, it should not be overly difficult to train them within a reasonable period of time. The only very serious manpower constraint which currently exists in the system is among training personnel; this is discussed in sub-sections 14 and 15 of this chapter.

The training of FWVs - the only lengthy training conducted by the PCD - is able to keep pace with requirements; in fact, a manpower analysis will demonstrate that, in the near future, all FWV positions will be filled and only an occasional training program will be required for the few replacements needed. What should happen at that time to the FWVTIs? By analyzing the quantities required and being trained several years in advance, one can predict potential problems such as this and take appropriate action before it reaches a crisis.

Recommendation: An assessment of the stock and flow of each type of worker should be undertaken periodically. Potential constraints and other problems should be identified and addressed at least three years before they occur.

(3) Approving position and salary scales. The process of approving new positions in Bangladesh is - to put it mildly - tedious. A file must be approved in a minimum of ten offices before anyone can legally be recruited. However, legitimate purposes appear to exist for all of these steps. For example, it is certainly not wrong to try to ensure:

- that the salary scale is fair, reflecting the recruits' background and comparable salaries in other government positions;
- that there are sufficient funds budgeted to cover their salaries and other recurrent costs;
- that a reasonable proportion of new positions is reserved for people who are promoted from other positions;
- that the tasks required to be performed are legal;
- that fair recruitment procedures are developed; and
- that high-level officials are aware of major increases in personnel and program activities.

This process takes anywhere from six to eighteen months. Obviously, in the life of a donor project, this represents a significant proportion of its duration, and can be extremely frustrating.

On a small scale, several shortcuts can be identified:

(a) Individuals may be deputed to new posts, a process by which the individual is shifted to a new assignment while still retaining the salary and seniority rights of his former position. His position on the career ladder normally remains unaltered and his former slot is filled by a new recruit. This is a

process that could be used for trying out a new position in a few limited areas; it would not readily be accepted by the MOHPC for use on a broad scale. The approach is based upon the availability within the MOHPC of a reservoir of older, experienced and under-utilized people on the one hand and of unfilled posts on the other. Deputation as a personnel procedure within the MOHPC has now been simplified. It would ordinarily require six months for implementation; with appropriate pressure this could be cut to, say, one month.

It is recommended that crucial high-level positions and new experimental positions be filled through the deputation process.

(b) A second approach would be to use the NCPC and its Executive Committee to ensure that the regular personnel practices of the government are expeditiously followed. While procedures would not necessarily be changed, they could be speeded up considerably by a top-level order through the NCPC that establishes a time-limit for each step in the recruitment process. Such time limits currently exist, but are more likely to be followed if a specific order is given from a Cabinet level committee. (See Chapter 9 on such potential new role for the NCPC.)

(c) Alternatively, the employment of consultants for limited periods of time for assignment within the government apparatus should be explored. Consultants would not be government employees and, presumably, could be paid at a higher rate, but could otherwise function in a government position (usually, perhaps, in a role outside a position of line authority). If project-related, the position would have a duration not to exceed the life of the project. Government would have no legal responsibility for continuing the incumbent in the position following the expiry of the contract itself.

(d) Another possible shortcut for filling routine positions is for the DG to be given emergency power to recruit personnel. It is not clear under what circumstances this may be done.

(e) NGO employees might be seconded to the Government.

Salary scale and TA/DA levels for family planning workers are low. But Bangladesh is an extremely poor country. Substantial increases within a single Ministry are unrealistic; such an approach would create chaos for the Government.

We were told that FWAs are usually satisfied with their salary level - probably because there are extremely few other opportunities for paid employment for women in rural areas. But male workers find their salary insufficient to maintain a family, and therefore must also work elsewhere in order to obtain sufficient income. This was described as the justification for HAs and FPAs not working very much, and for TFPOs and DDFPs retaining for personal use funds which are intended for other purposes.

What can be done about this problem? Three possible solutions - probably none of which is completely adequate - are topping off salaries, substantial awards for target achievement, and shifting at least some employees to the private sector.

The use of salary topping-off arrangements, euphemistically called 'compensatory reimbursement for extra work' offers some advantages. On the one hand, high-level government officials with manifold responsibilities may feel under pressure to seek remunerative activities - such as giving guest lectures or attending ceremonial functions that offer an honorarium - to offset their low salaries. When excessive, these activities may fritter away valuable time from the officials' more significant activities. To donor groups, salary topping-off may appear as a way of increasing the time availability for their main job as program executives, thereby multiplying their effectiveness in the face of limited skilled manpower. On the other hand, the hierarchical structures of the government body must not obscure the fact that what happens at one level sends ripples up and down the body politic. A personnel/manpower system can, only with the greatest difficulty and potential conflict, accept a situation where one employee is reimbursed for extra effort and others are not. From the Government's point of view, it is seen as an all-or-none choice within any one Ministry, and could have repercussions between Ministries if applied universally throughout one.

It is recommended that salary topping-off arrangements be approached with caution - by both government and donor groups. The present award procedure could be an alternative if it were extended to allow supporting/supervisory staff to receive extra remuneration if subordinates produce significant achievements. Thus, for example, Upazilla, District and even selected Central personnel could be eligible for an annual award if their subordinates achieve their objectives.

A third approach to providing additional income for fp personnel - shifting some workers to the private sector - is discussed in chapter 11.

(4) Selecting trainees. Any selection process should have, as its ultimate objective, getting the best people for each position. The process should be fair, enabling all potentially qualified candidates to learn of an opening, to apply for it and to be considered objectively.

On paper, the system established by the Government looks very reasonable - first widespread publicity, then written and oral examinations, finally a decision by an extremely high-level objective committee (for example, for an FWA position, the committee is headed by the DC, a personage well-removed from the pressures which might be applied from within a single Ward).

We are not sure how well this selection process actually works. The fact that no respondent ever mentioned this as being a problem suggests that selection of personnel is usually acceptable.

(5) Training trainees. After an individual has been selected, he or she should undergo pre-service training to ensure that he or she is capable of performing all the tasks which the job requires. Location and duration of pre-service training for each category of worker is summarized in Table 2.

There are three types of training institutions involved in this system: (1) District Training Teams at each District who conduct pre-service training of FPAs and FWAs; (2) FWV Training Institutes (FWVTIs) in about every other District for FWVs; and (3) NIPORT in Dhaka for TFPOs and District Training Teams.* No special pre-service training is provided for DDFPs.

With the exception of FWVs, all training programs are brief (maximum of six weeks). FWV training is 18 months long.

Currently, there are no constraints on providing the present quantity of any training. The new position of ATFPO will require the training of over 400 candidates in a brief period of time. Tentatively, NIPORT is planning to collaborate with two other training institutions, each training about one-third of the total; this should not be difficult, because their training is only slated to be six weeks long.

The most basic technical requirements to conduct pre-service training are a good curriculum and good teachers. The process of preparing each has standard internationally-agreed-upon steps.

Curriculum. For curriculum development, the basic steps** are:

- (a) from a job description, determine the tasks which a competent person in the position needs to perform;
- (b) identify the skills, knowledge and attitudes needed to perform each task;
- (c) measure in-coming trainees' skills, knowledge and attitudes on these factors;
- (d) develop a series of learning activities to help trainees to move from 'c' to 'b'; in other words, to fill in the gap between their ability at the beginning and at the end of the course.

Ideally, the duration of training should only be decided after the curriculum is developed, by adding the time needed for each of the learning activities; rarely, however, is this ever done anywhere. It is not clear if the duration of any of the pre-service training programs is reasonable.

Personnel at NIPORT do understand the curriculum development process, in part due to the influence of recent UNFPA advisors. In its complete form, this process has only been applied to date to one in-service course, but it is currently being used for revisions of other curricula as well. How effective this will be in the absence of advisory assistance remains to be seen.

*The in-service training and other responsibilities of DTTs, FWVTIs and NIPORT is discussed in subsections 9, 14, and 15 of this Chapter.

**This is an abbreviated version of an appropriate curriculum development process, but it covers the most essential steps.

In the time allotted, it was not possible to assess the quality of any curriculum. One criticism we heard from sources both inside and outside the system was that inadequate emphasis is given to work planning and to other aspects of the management of one's job. Having reviewed the numerous management weaknesses throughout the system, we concur that training in these areas must undoubtedly be weak. If the curriculum development process outlined above were followed, each worker's management tasks would be clearly identified and appropriate portion of each training course could focus on each. Our impression is that this also will happen, since NIPORT indicated an awareness of this inadequacy and plans to revise curricula to reflect this content area. Hopefully, the pioneering work in this area by ICDDR,B will be incorporated into the curriculum revisions.

In support of a curriculum, training aids are desirable - flipcards, films, models, posters, etc. Quantitatively, they are not lacking. Some have been prepared by trainers; others by the IEM unit; still others imported through UNICEF and other sources. It was not possible to assess their quality and relevance to each lesson, or whether major gaps still exist. One type of training aid - video - is discussed below under supervision.

Teaching quality. The second major requirement for a competent pre-service training scheme is good teachers. Teaching is an art as well as a science: some individuals are inherently good at it, while others are terrible. But most people can be trained to become good teachers. The training-of-trainer process, however, is not a trivial one: it consists largely of learning a series of teaching methods, then practicing them, getting feedback, practicing them again and again. Also required is the learning of how to set objectives and the detailed planning of each classroom or field session. Finally, it is also necessary for a good teacher to know how to pre-assess trainees and how to evaluate both trainees' and the trainer's own achievements.

Again, as with curriculum development, the leadership at NIPORT definitely does understand this requirement. They do conduct training-of-trainer courses, but it was not possible to assess their quality. Some teaching methods (eg, case studies) are just beginning to be introduced, but others - role playing, group discussions, group exercises - have been used for some time. In essence, NIPORT appears to be on the right track.

One disturbing aspect of training quality at NIPORT relates to the very widespread use of guest lecturers in all training programs - often as much as 80% of the total teaching time. This is justified on the grounds of there being too few trainers plus the need to rely on experts' expertise. It was also pointed out that efforts are made to train guest lecturers in improved teaching methods and to orient them to trainees' needs and to the other parts of the training program. Nevertheless, the extent of use of guest lecturers seems to be extraordinarily excessive, and undoubtedly results in parts of each training program being poorly taught or unrelated to trainees' real needs. The use of content experts to train field workers is especially inappropriate if it results in the experts trying to cram all their own knowledge into a brief session rather than focussing on the specific tasks trainees will be expected to perform...Suggesting that the use of guest lecturers be reduced does not imply that it should be omitted: some guest speakers - especially higher-level personnel who can effectively motivate trainees - will continue to be desirable in most training programs.

A further discussion of NIPORT'S role may be found in subsection 15 at the end of this chapter.

District Training Teams currently comprise a District Training Officer and a Sr. FWV. Both are promotional positions, the former from TFPO, the latter from FWV. They first receive training from NIPORT in how to conduct training. They are assigned to District Training Centres, which are currently in the process of being relocated away from the District capital. The facilities in the newly-constructed DTCs are adequate. DTTs take virtually no independent initiatives. They conduct the courses which they are instructed to conduct - mostly in-service training of FWAs and HAs, pre-service training of FWAs and FPAs, plus a few other miscellaneous courses. They do not have the time to adequately follow up their trainees to assess weaknesses in the training they have conducted or to explore needs for new training programs. The quality of teaching provided by DTTs was not possible to assess.

The comment above, concerning guest lecturers, applies equally at the DTT level. A suggestion for an expansion of the DTTs may be found in subsection 14 at the end of this chapter.

Trainer coordination. NIPORT is clearly aware of the need to coordinate training efforts. Currently, quarterly Division-level meetings are conducted for DTTs, and semi-annual national coordination meetings are conducted with the heads of all DTTs and FWVTIs. Two problems related to coordination exist: FWVTIs are under the Bio-medical Research Section of NIPORT rather than under Training, and NIPORT has an inadequate quantity of staff. The first problem is apparently in the process of being solved, with FWVTIs being shifted to the Training Section. The second of these problems, of course, applies not only to NIPORT'S co-ordination responsibilities but also to all other responsibilities. It is such a basic problem and is so glaringly obvious, and has been repeated so many times by NIPORT personnel and by virtually everyone else - Bangladeshi and foreign - who has observed NIPORT'S intentions, responsibilities, and staffing that one despairs at repeating it again.* Nevertheless,...

Recommendation: NIPORT needs far more people than it currently has - well qualified people at higher levels who will not be transferred.

(6) Placing and later transferring personnel. Original placing of field personnel, and transferring them later is the responsibility of the DDFP. The exception to this rule is the FWAs, whose placement is determined by their home and who cannot be transferred.

*One 'conspiracy theory' we heard - whose validity is difficult to assess - is that persons who frequently serve as guest lecturers with NIPORT and the DTTs oppose the expansion of these institutions' personnel as they would lose income from their guest lecturing.

Transfer of personnel is done for three purposes: (a) routine shifting so that quality differentials among workers will be roughly evenly distributed in different centres over time, (b) purposeful shifting at the individual's request (to accompany a spouse, to move closer to home, etc.) and (c) purposeful shifting as punishment for misbehavior.

It was not possible to analyze the functioning and effectiveness of this sub-system.

(7) Paying Them. Salaries, TA/DA, and sterilization/IUD insertion reimbursements are all paid to workers when they go to the Upazilla for their monthly reporting.

Steps have been taken recently to alleviate some of the difficulties previously encountered concerning the flow of funds. The population program is now allowed to retain funds from one fiscal year to the next. And revenue budget funds are released for an entire year rather than, as previously, at quarterly intervals. Both these measures make it much more likely that various payments to staff will be available when due them. Another measure - begun but not yet approved - is the 'encadrement' of personnel from ATFPO-level up; one effect of this process will enable them to move to a higher salary scale, thus increasing their income.

HAs complained that - unlike FWAs - they receive no TA/DA when they take sterilization and IUD clients to a clinic. They instead receive a flat Tk.20 per month for TA/DA which - according to government rules - disqualifies them from receiving TA/DA for a specific trip. The MOHPC is aware of this problem, and has now recinded their flat allowance.

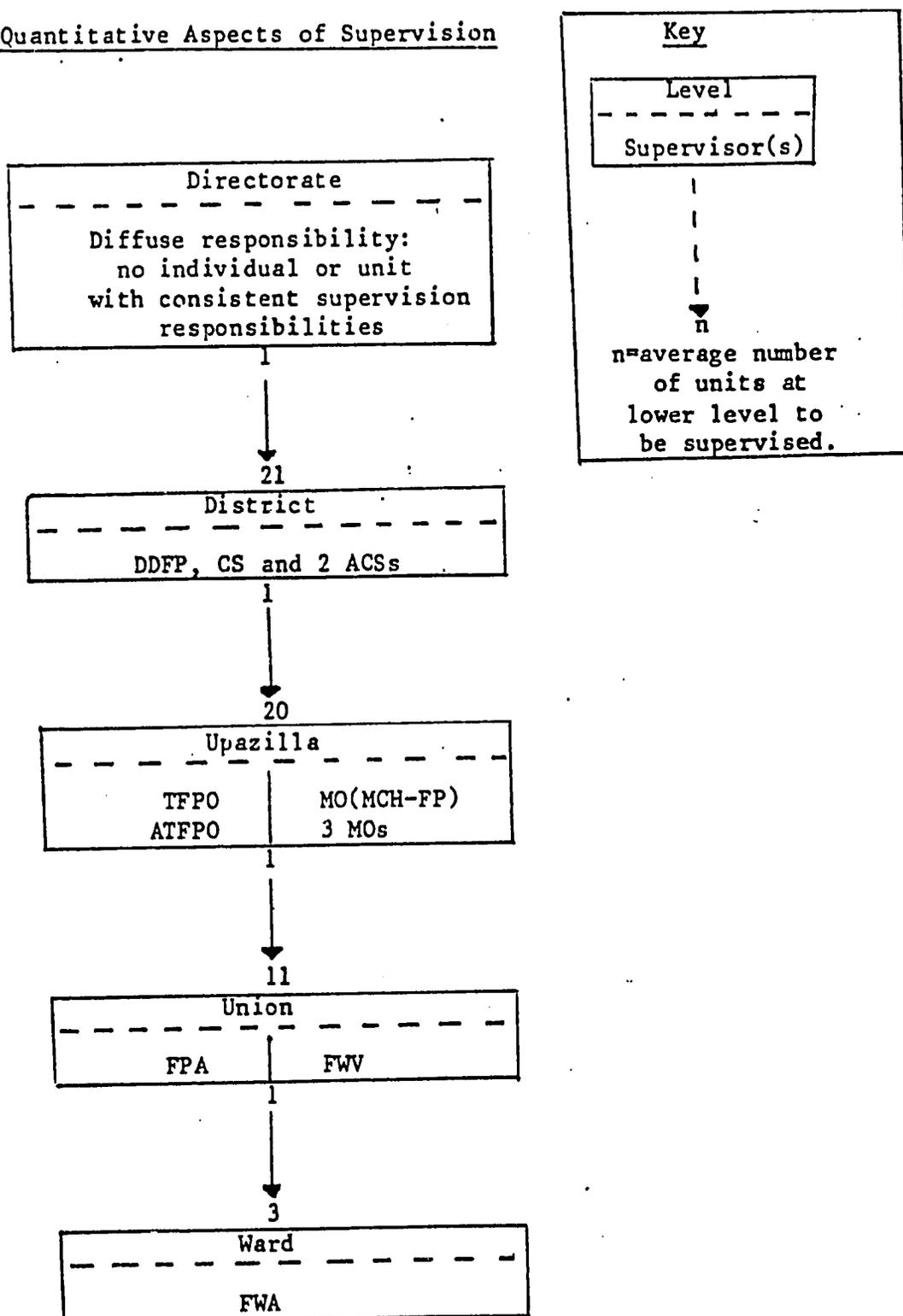
(8) Supervising personnel. Any review of supervision within the MOHPC should emphasize two factors: (a) the structure of the system as a whole, including relationships among the different levels and the quantity of supervision of each worker and (b) the quality or nature of the supervision which occurs.

Supervision quantity. Supervision, by its nature, is a 'top-down' aspect of the program: a supervisor is always one who is hierarchically above a supervisee. The number of lower units each type of supervisor is currently expected to supervise is summarized in Figure 11.

At the very top in the family planning program, within the PCD, most Directors, Deputy Directors and Assistant Directors are expected to make periodic field visits. But there is not a coordinated effort to periodically cover all parts of the country through this process or to achieve specified objectives. Nor is there any single unit in the Directorate which has this responsibility. Basically, supervision of the District by the Central level occurs only sporadically, is ad hoc in nature, and has no clear objectives.

Figure 11

Quantitative Aspects of Supervision



Note: At all levels, supervisors supposedly have responsibility for supervising both health and family planning activities. Implications of this recent change on the quantity of time any supervisor devotes to family planning are unknown.

Moving down one level to the District's supervision of the Upazilla, the DDFP is now sharing the responsibility for supervising family planning - as well as health - with the CS and two ACSs. Each is supposed to cover 1/4 of the District, or an average of five Upazillas. This is a recent instruction (September 1983) and its implementation has not as yet been evaluated. One DDFP with whom we talked did not think that the CS and ACSs would devote adequate effort to family planning. And a Sub-Division FPO indicated a preference for the previous system in which each District was divided into Sub-Divisions, with each SDFPO having supervisory responsibility over several Thanas.

TFPOs are supposed to supervise Union and field-level activities within their jurisdiction. On average, there are eleven Unions, each with an FPA and three FWAs. If the field workers were located and worked in one place, this 1-to-11 ratio would logistically be very difficult for effective supervision. But, as they are actually located in four different places, the 1-to-44 ratio for supervision is absolutely impossible. The new position of the ATFPO is being established largely to reduce these supervision ratios to more manageable proportions.

In a move parallel to that at the District level, the four Upazilla MOs were recently instructed to divide the Unions among themselves, with each having responsibility for conducting clinics (including sterilization) and supervising FWVs in 1/4 of the total. Whether the MOs who are not responsible for MCH-FP will take their supervisory responsibilities seriously has yet to be determined.

Finally, the lowest level of supervision in the family planning program - from the Union level to the Ward - is quantitatively ideal: one FPA supervises three FWAs. (Similarly, on the health side, one AHI supervises an average of about five HAs.)

Supervision targets. From the District level and below, there are quantitative targets for either the number of days a supervisor should supervise (eg, the TFPO - 21 days per month) or the number of times a supervisee should be supervised (eg, each FWA by the FPA - once weekly directly and once weekly indirectly). The second approach is much better - to indicate the number of times each unit or worker should be supervised.

There does not appear to be any consistent monitoring system either to find out the real quantity of supervisory visits or to try to enforce the stated targets. Various sources - sample surveys and anecdotal evidence - suggest that targets are not being met, but that the quantity of supervision performed is by no means negligible. One study concluded that TFPOs supervise 13 days per month. FWAs do get visited by FPAs at least twice a month; an MO or the TFPO visits each Union at least once a month. Quantitatively at least, if these frequencies can be maintained, the system may not be ideal, but at least there is an adequate base upon which to use supervision to improve program quality.

Supervision: what really happens? Quality, not quantity appears to be the weaker element of supervision in the family planning program. Supervision should have a number of different aspects to it,* but its most important orientation ought to be helping the supervisee to do better. Instead, the major - often only - focus of supervision is punitive: 'control,' 'inspecting,' 'checking,' instead of 'guiding,' 'helping,' 'supporting'. (It is probably an unpleasant experience for both the supervisor and the supervisee.)

How can this orientation be shifted? One possibility might be to separate the functions completely, to forbid supervisors from inspecting. This would not be realistic, however - in part because it would require an entirely new cadre of workers, but also because a certain amount of inspection is a legitimate aspect of supervision. A more reasonable approach to making supervision more supportive is through better training of the supervisors, development/use of clear written supervision guidelines, and a substantial increase in the supervision of the supervisors.

Training people to supervise effectively is absolutely necessary if they are to be weaned away from the current 'inspection' mentality. This is by no means easy, mainly because guided practice of supervision - a necessary element of a training program - is both tedious and logistically difficult. It is, nevertheless, necessary for potential supervisors to experience better supervision - not just talk about it. Use of video to simulate supervisory opportunities is one excellent way of reducing the time required for this 'practice' portion of their training.

Recommendation: Beginning with NIPORT, on a phased basis, video should be introduced to District Training Centers. Video may be used for numerous aspects of training, but should be especially beneficial in training supervisors.

Supervision guidelines should be developed which are specific for each supervisory relationship; thus, for example, there might be three different guidelines for the supervision of an FWA - one for an FPA to use, one for an FWV, one for a TFPO. These guidelines should primarily - although not entirely - focus on non-threatening supportive measures ("did you praise the supervisee?" "observe silently without interrupting her while she motivates in one household?" etc.) The guidelines can also be an effective means of shifting both supervisor and supervisee towards job functions which tend to be bypassed (such as group discussions with villagers, coordination with other sectors, and promotion of community involvement). The guidelines should also be used as reminders to the supervisor for both his own and the supervisee's followup action (eg, to bring certain supplies next time; to improve the quality of a specified activity).

*See, for example, Milton Esman et al, Paraprofessionals In Rural Development which identifies the following elements: legitimation, protecting role integrity, motivation, education and counselling, technical assistance, linkage, monitoring and control, and evaluation.

Supervision of supervisors should be undertaken far more frequently. In this process, a supervisor-of-supervisors observes a supervisor supervising a worker. (This is easier to do than to describe.) The former's comments should not concern the worker's activities, but rather focus only on the way in which the supervisor helped the worker.

FPA supervision. One of the supervisory relationships in this system - the FPA vis-a-vis the FWA - is a very curious one. The FPA's basic training is with the FWA, and thus is no more substantial than hers. The 'joint visits' they are supposed to make do not appear to be very effective, largely because his presence makes it very difficult for her to talk freely with the women of the household. Finally, they are competitors for acceptor targets - an awkward basis upon which to build a supervisory relationship. At the same time, there is a worker in the system - the FWV - who is nearby, a woman, much better trained and not a competitor for targets. It would seem that once-monthly supervision of FWAs by FWVs would be far more useful than more frequent supervision by a less appropriate supervisor.

Community supervision. With the development of Population Control Committees at various levels, opportunities exist for the community to assist in supervising the field workers. This can only be effective if PCC members are helped to understand this role, and if the field workers view it as supportive rather than an added burden.

Recommendation: The FWA, FPA and TFPO, respectively, should be required to submit monthly reports to their PCCs, describing accomplishments and problems. The PCCs can be asked, where possible, to help the workers solve their problems.

A Supervision Directorate. One major constraint on the development of an effective supervision system is that no-one, at the Central level, has responsibility for this function. There is no single office currently responsible to develop and assess supervision targets at all levels, to develop and assess the supervision of supervisors, to develop and assess supervision guidelines, or in general to oversee the quality improvement of the entire program. (There has been a recommendation to re-establish an Inspection Directorate - undoubtedly a good suggestion since inspection is an important function. But if supervision were to be included with inspection, this would make it virtually impossible to improve the quality of non-punitive supervision.)

Recommendation: A new Directorate of Supervision or Quality Improvement should be established within the PCD. This office should be totally unrelated to Inspection, focussing only on supportive, helping aspects of supervision. Its major functions would be:

- to develop appropriate mechanisms (guidelines, followup procedures) for supervisors at each level to use in order to help others to do their job better;
- in coordination with NIPORT, to develop pre- and in-service training courses to train supervisors to use these mechanisms effectively;
- to develop realistic quantitative targets for supervision;
- to develop procedures to monitor compliance with both the qualitative and quantitative requirements of supervision.

(9) Providing in-service refresher and upgrading training. Training is given to people who are already working in their positions for several reasons: to revive skills which may have gone stale or review knowledge which may have been forgotten; to re-motivate people; to introduce new, improved methods of performing one's job; to add new elements to one's job; and to help qualify some people for more advanced positions. A complete in-service training program (a) contains courses with all of these purposes, (b) provides periodic opportunities for training for all personnel and (c) is coordinated with pre-service training.

The PCD in-service training program, while not ideal and somewhat ad hoc, does fulfill all of these criteria. A review of the training provided by position shows that all personnel have some in-service training at least once every three years, that this is largely taught by the same people who teach pre-service training, that the content is eclectic and evolving.

FWA: Currently all FWAs are undergoing 2-week training by the District Training Teams. Their training is combined with HAs to emphasize the need for coordination between them and to teach each the expanded roles expected of them (family planning for HAs, MCH for FWAs). This training has been criticized for trying to cover too much in too short a time. But it appears that this fault has already been recognized by NIPORT, since the curriculum for the next round of training for the same people (to begin in 1984) has already been prepared and emphasizes skills development for far fewer content areas...Each 'round' of FWA/HA in-service training was planned to take two years to cover all trainees, but has had to be extended to three.

Dais: Two-day in-service training was given to Dais last year by the District Training Teams.

FPAs: Earlier, FPAs were included in the FWA/HA training described above, but were recently removed. NIPORT, in conjunction with the health wing, is currently planning a combined FPA/AHI/FWV/MA training course.

FWVs: See above (Other training may be conducted by FWVTIs, but we were unable to investigate their programs.)

TFPOs: In conjunction with CPMR, a two-week training course is conducted for TFPOs, combined with TH&FPOs and MOs. The focus is on management procedures and team building. NIPORT's plan is to conduct in-service training for TFPOs at least once every 2 1/2 years.

DDFPs: 'Advanced Management Training' is conducted by NIPORT for DDFPs and CSs.

Management training. Good quality, relevant management training is essential if the population program is to be improved. Throughout this report, numerous suggestions for improving program management have been

made. Ideally, accepting or rejecting (or modifying) any of these suggestions should be done by individuals at various levels of the system who have sufficient management expertise to make their decisions wisely. Appropriate training at each level can help provide the background to enable people to make better decisions. The fact that management training courses are given to TFPOs, TH&FPOs, MOs, DDFPs and CSs is an excellent sign that the program is aware of this need. The fact that the program still has major management problems, on the other hand, suggests that the quality of the management training needs to be improved.

Upazilla-level in-service training. Except during a 'crash training program' last year, TFPOs and other Upazilla personnel are not expected to conduct in-service training programs. Yet the opportunity to do so is there: once a month all personnel come to the UHC to submit reports and collect salaries. It would not be difficult for TFPOs to periodically use these opportunities for training.

Recommendation: Under NIPORT, or under contract to some other agency, a series of topics should be identified for brief, two-hour training sessions for field staff. Training materials should be developed for each of these topics. DTTs should then be taught how to train TFPOs to train field staff using these modules. TFPOs should be required to conduct at least bi-monthly training courses for their field staff.

It would be desirable if a long-range plan could be developed which identifies for each category of personnel, the quantity of both local and training-centre in-service training they should be receiving annually, the objectives of each training, the personnel and process for developing the curricula, and the appropriate instructors.

(10) Policing or inspecting personnel. No population program can be effective if the workers do not work or if the funds are siphoned off for personal gain. For most people, their basic integrity and honesty is sufficient to prevent these from occurring. For some - especially in a low-paying bureaucracy - external pressures are required in order to effectively reduce various forms of inappropriate behavior. These consist, in essence, of superior officers periodically checking to see if people are working and audits of financial transactions. They are enforced by instilling shame and by threatening to withhold salaries, to transfer and to fire people (or to report the person to a superior who has these powers).

The current inspection system relates directly to the program implementation hierarchy: basically, each person's superior is his or her inspector; no external inspection exists - with a single exception. The exception is a very high level team headed by the Secretary; we were told, however, that this team has not been very effective and is now defunct.

As emphasized above, the linking of the supervision with the inspection function is extremely detrimental to supervision as it tends to overwhelm it: when one's emphasis is on making sure a worker arrives on time, checking records, or accounting for every paise, it becomes difficult to focus also on the real supervision function of helping a worker to perform better. Nevertheless, despite this predominance of inspection, it appears that even the latter function has not proven to be implemented very effectively.

Repeatedly, we heard that workers are not working and that corruption is rampant in the distribution of funds. We have no way of estimating the validity of these accusations or the extent of this problem. Nevertheless, their frequency, plus the very strongly protective (or acquisitive) emotion in which people discuss being a DDO, suggests that the accusations have at least some validity. And thus, that the current inspection system is much less than 100% effective.

We do not know how one undertakes a 'study' of corruption. Perhaps it is really impossible, and efforts should be made instead to have parallel systems of inspection, with different sets of inspectors independently checking upon each other. Such is the model which currently exists within the Ministry for the construction of World Bank-funded H&FWCs. There an outside consultant firm, in addition to the PCD's own inspection procedures, periodically checks both technical and financial aspects of the construction activities. We propose that a similar model be adopted for at least one portion of the PCD's financial transactions - the reimbursements and awards for sterilization and IUD insertions.

Recommendation: One or more outside consultant firms should be hired by the MOHPC to monitor, under agreed-upon guidelines, the distribution of funds for sterilizations and IUD insertions. This firm should have sufficient personnel in each District to be able to check each Upazilla at least twice a year, and to spot-check field workers, sterilization recipients and community committees. This should not simply be a financial audit, but also focus on work performed.

Recommendation: Division-level inspection teams, within the system, should be reinstated. These teams should work independently of the external consultants, with each serving as a check upon the other.

Punishment. Catching someone doing something wrong has little impact if the wrong-doer is not also punished. Rampant corruption is unlikely to be controlled if the worst punishment anyone can receive is a transfer to another post. It is suggested that the various potential types of punishments (withholding of salary, transfer, firing, judicial action, etc.) be reviewed with two objectives: (a) preparing clear and consistent guidelines relating all of the various forms of inappropriate behavior (ranging from failure to achieve targets to stealing money) to appropriate punishments, and (b) possibly lowering the level at which punishments may legitimately be applied, while still safeguarding the rights of the accused.

(11) Maintaining and monitoring personnel records. Personnel records are maintained at the Upazilla level for field workers, at the District and Upazilla level for H&FWC staff, and at the Central and District level for TFPO and above. The team did not have an opportunity to assess its quality and use.

(12) Providing reasonable opportunities for promotion and career progression. Whenever an individual has worked for a number of years in the same position and has gained considerable competence in it, it is normal to want to move up. A higher position entails both greater job satisfaction and an increased salary. In any large institution such as the MOHPC, employing thousands of people, a career leader system should be established, enabling a reasonable proportion of people at each level to progress into more responsible positions.

Currently, the personnel situation of the PCD is mixed: some have a chance to move on to a better position; others do not. The situation for each position is as follows:

FWA: This is a locally-recruited, locally-based dead end position. Currently there are no opportunities for promotion. It should be possible, at the very least, (a) to allow some experienced FWAs who are willing to cover a larger area to become FPAs (or Sr. FWAs), and (b) to reserve a proportion of FWV training opportunities for FWAs.

FPA: This is currently a locally-recruited dead-end position. Recently, a new rule makes it possible for the first time for FPAs to be transferred for disciplinary purposes. On the positive side, it is expected that a portion of the openings for training as ATFPO will be reserved for FPAs. If this is significant, it would be highly desirable if positions vacated by FPAs were filled by experienced FWAs.

FWV: Of the approximately 4500 FWVs, nearly 10% can become Upazilla-level or MCWC FWVs. This position entails somewhat different responsibilities from the Union-level FWV, and has the presumed advantage of being located in a larger community, but is not considered a promotion. The only other possibilities for promotion of which we are aware are for 24 posts as Sr. FWV with District Training Teams and posts with FWVTIs (number ?). These provide advancement possibilities for only about 1% of all FWVs - clearly an inadequate career ladder. Expansion of the District Training Teams could offer possibilities for a few additional advanced posts, but a more plausible way of enhancing the FWV's career prospects would be to provide opportunities for her to become TFPO; implications of this suggestion have not been explored.

ATFPO: These positions currently do not exist. When they are filled, the obvious career progression will be to become TFPO. Since the quantity of each position is identical, there should be more than adequate opportunities at this level for advancement.

TFPO: Currently, there are few opportunities for a TFPO to advance. They may become District Training Officers or, eventually, DDFPs: these represent slightly more than 10% of the number of TFPO positions. If the District Training Team were expanded, this would provide some additional opportunities. Similarly, a few might be able to move up to NIPORT or other training institutions, but this would be a negligible number. Quantitatively and professionally, the only reasonable possibility for career advancement for

TFPO is to become a TH&FPO. The difficulty with this, of course, is that TH&FPOs are all physicians, and the other physicians would not be pleased to have a non-physician as their superior. However, the reality of the position is that (a) the work is largely administrative rather than technical and (b) a typical UHC will have seven other physicians, one of whom might be given responsibility for technical decisions for which a non-physician TH&FPO is not competent.

The BDG states repeatedly that population is its number one priority. This is not very convincing, when even within the Ministry which is responsible for implementing the bulk of the country's population program, population appears to be the number two priority, behind health - at least by the criteria of personnel ranking. Restructuring the staffing pattern to at least allow people from either Directorate to head the Upazilla-level combined health and family planning program would be a major step in shifting the reality of government priorities. (If the government were really as serious as it claims about population being the number one priority, only the TFPO - and not an MO - would qualify to become TH&FPO. But that is too radical a suggestion for now; perhaps in the 1990s...)

DDFP: There are no possibilities for advancement within the District structure for a DDFP. Numerous possibilities do exist, however, within the Directorate.

One of the suggestions elsewhere in this report (Chapter 10) is to consider the establishment of a new post as District Chief, Health and Family Planning, superior to both the CS and DDFP. For the same reasons as stated above, this new position should be open to personnel with either health or family planning background, including non-physicians. It would probably be advisable to establish qualifications for the combined post requiring the equivalent of a Masters Degree in one's weak area to complement the academic credentials and experience in the person's major area of expertise.

The current procedure for advancement within a given position is based on seniority. As it becomes possible for people to move on to somewhat different positions, consideration should be given to combining seniority with other criteria as qualifications for advancement. For example, if FWVs or TFPOs are to be promoted to Senior positions, assigned to the District Training Team, the ability to teach should be an important aspect of the selection process. Academic and experiential credentials, combined with an appropriate examination process, would be a fair and reasonable way of providing for both the individual's expectations for career progress and the program's need to have only good teachers in training positions.

Career system assessment. Current possibilities for advancement range for 0% (FWAs, FPAs) to 100% (ATFPOs). A good career system allows a reasonable proportion of people at any level to move on to better jobs each year. But what is reasonable in one instance may not be in another. It would be helpful to conduct a more complete assessment of the career system within the PCD (or, more broadly, within both health and family planning) to define 'reasonable' progression at each level and identify other appropriate career patterns.

There have been several recommendations discussed in this section. The most important is:

Recommendation: Allow the TFPO to become TH&FPO and the DDFP to become District Chief, Health and Family Planning. In each case, advancement should only be possible if the person has a specified academic credential in public health. (Similarly, an MO and a CS should not be allowed to move up without a specified academic credential in population program management.)

(13) Periodically evaluating and modifying all of the above. The overall manpower situation described in the above sections - from deciding on positions, to selecting and training people, to supervising and managing them - should be periodically reviewed and improved. Currently, this is only done on an ad hoc basis, for parts of this system. There is no single individual or unit with the responsibility of overseeing all aspects of manpower development.

Logically, this responsibility should be NIPORT's. However, we have been informed frequently that NIPORT is a weak institution. Every assessment - including ours - recommends that NIPORT be given more, and more qualified, personnel. Until this is done, it is unrealistic to expect this function to be performed by NIPORT staff. In the interim, a periodic task force could be established to review and improve manpower development activities and procedures.

Operations Research. For programs such as the Bangladesh population program to improve over time there ought to be a coordinated scheme for trying out new approaches on a small scale, studying their effects, then feeding these improvements into program changes. The logical unit to perform this role is the Research Section of NIPORT.

We did not have an opportunity to explore this topic. It is clear, for example, that some extremely relevant operations research is being conducted - especially by ICDDR,B. But we were unable to assess: a) whether these studies are having an impact on the national program and b) whether there is - as there should be - an overall scheme for the national program to influence, learn about and use operational research for program improvement.

(14) District Quality Improvement Teams. The current District Training Teams have two people on their staff - a District Training Officer (an upgraded TFPO) and a Sr. FWV. A third position, a Nutritionist/Home Economist is approved but not filled.

The District Training Teams are located in District Training Centers which are currently being constructed (19 of 24 by the World Bank). They are purposely located away from the District centre in order to bring the training closer to potential field training sites.

The bulk of the DTTs' tasks consists of providing refresher training to groups of FWAs and HAs. In addition, they conduct pre-service training for newly-recruited FWAs and FPAs, and other brief training for people from other sectors, private groups, Union Parishad Chairmen, etc.

A suggestion has been made (Annex 2) to establish, on a pilot scale, district mobile teams of three professionals (one medical with public health background, one specialized in family planning, one with managerial background). The team's functions would be to conduct a series of supervision-cum-continuing training of Thana staff in order to improve all aspects of the functioning of the program. This team would cover both health and family planning, deriving its legitimacy from a committee headed by the CS.

We propose something of a marriage between the above suggestion and the current DTTs. (Our suggestion is limited to the family planning side - at least partly because we were unable to ascertain the nature of the health side's District training capability. Perhaps the two could be linked: we do not know.) Currently, the DTTs are limited to largely static training. As the above suggestion rightly emphasizes, there is a need to improve the quality and functioning of field activities not only through static training, but also through conducting Upazilla-level training, helping supervisors to evolve better approaches to supervision, and exploring/developing/trying out better ways to implement all elements of the field program.

Recommendation: Add 4 or 5 more people to the District Training Team. Broaden its scope to become a District Quality Improvement Team, responsible for a) DTC-based and Upazilla-based training, b) improvement of supervision and c) promotion of innovations in all areas of program implementation. Provide the DQIT with a budget to enable it to use small amounts of funds as seed money for community-level projects. All DQIT members would be expected to spend part of their time conducting training at the DTC, part of their time in field activities.

We certainly agree with the World Bank discussion paper that this idea should be tried out in a couple of Districts before being expanded nation-wide.

(15) NIPORT. The National Institute of Population Research and Training (NIPORT) is the PCD's primary central unit for the two functions encompassed by its title. It is headed by a Director-General, implying the extreme importance accorded these functions. NIPORT is in overall charge of two types of field training institutions, the 24 DTTs and the 12 FWVTIs.

In our study, we have focussed much more on the training than on the research side of NIPORT. Both are important, but training is more integrally related to the program's activities.

NIPORT, as a Directorate, has both training and administration/coordination of training functions. Its proposed organizational structure (Figure 3B, Chapter 1) separates these for the first time. One section will be in charge of the training directly conducted by NIPORT, one in charge of the DTTs, one for FWVTIs and other external training programs and the final section for new developments and overall coordination.

The basic concept of having both the Directorate function - the coordination of training - and the actual implementation of training programs within the same institution has been criticized. We feel that this criticism is unwarranted, that combining them - while still maintaining separate sections - provides more of an opportunity for the planners of training to base their plans on the realities of training: in fact, this functional separation is a major constraint in many countries which the Bangladesh model overcomes. Of course, this approval must be tempered by the warning that it cannot function effectively without increased personnel.

As we have indicated in Part A, Chapter 1, our impression of NIPORT's proposed structure is positive. Similarly, as noted in sub-section 5 of this chapter, we feel that NIPORT's understanding of training management, curriculum development, and teaching methodologies is sound. But also noted in that section is NIPORT's major weakness, its extreme lack of personnel. To adequately conduct the activities required of it requires a far more substantial staff. Their own estimate (Annex 3) - which does not seem unreasonable - is that current programs require 40 professionals (compared with their present seven); they expect an increase of seven in the near future, but this still will be inadequate. And even more may be required if the suggestion in the above paragraph to expand the current DTTs is accepted.

Recommendation: Phased over about three years, the staff of NIPORT should be increased to about 40 professionals.

Both as an interim measure and as a long-term policy, NIPORT has evolved relationships with other public and private training organizations such as CPMR, NIPSOM, GOTA, FPSTC and others. NIPORT's approach has been somewhat protective, contracting training implementation while still overseeing closely and maintaining strict curriculum control. It would be desirable if this relationship could expand further, if NIPORT could feel sufficiently confident of the capabilities and intentions of at least some of these other training institutions to contract to them additional responsibilities, such as developing curricula and training materials, conducting needs assessments and evaluating their own and others' activities.

The Research Unit of NIPORT might also follow this model, contracting much of its activities through other groups.

If the DTTs are to be expanded to something like the DQIT suggestion of the previous section of this chapter, NIPORT's role in overseeing these teams will correspondingly increase. It would be helpful - from the very beginning of the

DQIT development - to stress the need for the involvement of local organizations in implementing quality improvement activities (including, but not limited to training). At the national level it is recommended that NIPORT and FPSTC collaborate closely in exploring the various modes of doing this, and in setting up the supporting mechanisms (beginning with training of DQIT personnel) to make this succeed.

Recommendation: Efforts should be made to continue to expand NIPORT's collaboration with FPSTC and other private and government organizations. NIPORT should view itself more and more as a manager of training by others, less as an implementor of training.

Chapter 18

Community Involvement

Community involvement, or community participation, is usually not thought of as a 'management system' comparable to supervision, or information or finance. Nevertheless, through recent decisions by the MOHPC, there appear to be evolving a series of interrelated activities whose purpose is to stimulate community interest and involvement in promoting family planning. To enhance the chances of these activities being successful, it is advisable to try to view them systematically and to explore ways of optimizing their management.

The phrase 'community involvement' in a government program such as family planning means widely different things to different people. On the one extreme, people may simply be 'involved' in enjoying the benefits of the program. More commonly, it refers to their participating in program implementation, ranging from the passive ("we'll tell the community to build a building here") to the somewhat-more-active ("the community will raise money any way it wishes to purchase kerosene for the stove"). Usually - although not always - involvement in implementation is limited to indirect elements of the program, such as construction and finance rather than the direct elements such as motivation and contraceptive distribution. More substantial community involvement focuses on planning and decision-making. Communities might, for example, be told that the program's goal is to have x acceptors of a specified contraceptive method, then asked to develop their own plan for achieving this goal. Finally, the highest level of involvement is for the community to evaluate aspects of its own as well as the government's program in order to feed this information back into a re-planning of these activities.

Based on experiences in a number of other countries, it is suggested that community involvement - at least in its 'higher' forms of implementation of direct program elements, planning and evaluation - cannot succeed unless:

- it is based on one or more community organizations,
- whose members are knowledgeable about population matters and about the government program
- and are committed to doing something to helping their community,
- who meet on a regular basis
- and perform a series of activities (not only at the beginning of the project, but also periodically thereafter) -
- some of which are direct population activities (such as motivation of individuals and groups) -
- and raise and/or disburse funds for some aspects of their activities.

If this analysis is valid, it is clearly a tall order. But the benefits to the program - and thereby to Bangladesh - of effective community involvement are potentially enormous, and clearly warrant investigating whether the PCD can stimulate/encourage/facilitate communities sufficiently for each of the above to occur.

It is well known - in Bangladesh and elsewhere - that community involvement is guaranteed to fail if it consists solely of a national decree establishing community committees. This already occurred in the 1970's, and could be in danger of occurring again. In February 1983, a memo was issued from the MOHPC to reconstitute Thana (Upazilla), Union and Village Population Control Committees. Detailed terms of reference were also included, each sounding as if the Committee's purpose is to oversee a grandiose project which has thousands of field workers. One wonders if it might not have been more effective - at each level - to have had only two items in the TOR: (a) motivate x number of people for fp, and (b) take other steps, as appropriate, to ensure fulfillment of the acceptor targets. Other than issuing this memo, nothing was done to assist the PCCs to clarify their functions and begin operating. More recently, a system of community awards was announced, in part to promote the interest of the PCCs; this has not as yet been implemented.

At a minimum, PCCs at all levels will function more effectively if they have a clearer understanding of what they are trying to achieve and where they stand, at any given time, with respect to that achievement. This could be a required task of the PCD's workers at each level.

Recommendation: Require the FWA, FPA, and TFPO, respectively, to submit to the Village, Union and Upazilla PCCs monthly reports specifying (a) annual target, (b) previous month's achievement, (c) year-to-date achievement, (d) problems encountered (if not on target) and (e) specific requests for committee assistance.

At each level, the current situation of the PCCs is as follows:

Village: The composition decreed for the Village (and other) PCCs is presented in Annex 4. Despite this list of members, it is not clear whether this committee is intended to be based on the (sociological) village (which would mean a varying number of committees, averaging about five per ward) or the ward. In one area we visited, a completely different interpretation had been made: each Ward Member of the Union Parishad had constituted a committee around himself. By this approach there would be three committees per ward, but - since Ward members need not be from different geographical parts of the Ward, or even represent different non-geographical constituencies - it is difficult to see how this could function effectively...In the extremely small sample of places we visited, these were the only Village PCCs mentioned; they had officially been formed, but had not met.

No community award for Village PCCs is currently planned.

Union: The Union PCC (UPCC) is potentially huge. With 14 Union Parishad members, and an indeterminate number of government servants, organization heads and school head teachers, there might be as many as 30 members of this committee - an unwieldy number. On the other hand, missing from the UPCC are a number of people who clearly have a direct and sustained interest in the topic of population - the FWV, the FWAs and the Dais. Although it may be desirable to bring onto the committee people from other sectors, it is more important that the PCC consist of people who are willing to work.

Recommendation: Membership on the Union and other Population Control Committees should be made more flexible. The most important criterion for membership should be a willingness to devote time and energy to fulfilling the objectives of the Committee. Non-affiliated persons who are interested and willing to work should also be encouraged to join as full members of a PCC. Perhaps the requirements establishing the Committee could specify a required 'core' membership of 3-5 people, then suggest - but not require - types of people for the remaining members.

Alternative Recommendation: Membership of the Union (and Village/Ward?) PCCs should be restricted to women, since (a) the family planning/MCH activities tend to involve women more than men and (b) based upon FWA-HA comparisons, they work harder and are more effective.

The one UPCC we encountered had met once, several months earlier, but had not met since. We do not know if this is typical, but fear that it is.

The MOHPC plan is to offer an award of Tk 50,000 to any Union which registers all of its eligible couples and fulfills its targeted number of sterilization and IUD insertions, plus a 'reasonable' number of other contraceptive users. It is not clear from the order establishing these awards if the funds are to go to the Parishad itself or to the Population Control Committees. Unless the money goes to the PCCs, these committees will become redundant and may as well not exist. It makes no sense at all to have a Population Control Award and a Population Control Committee which are unrelated to each other.

Recommendation: All community awards should go to the Population Control Committees, not to the Parishads.

Specific criteria and means of measuring achievements and evaluation procedures for the awards have not been developed. Potentially, if all Unions achieve their targets, this program would cost about Tk 225,000,000 - or nearly \$10 million - annually. It was estimated by the MOHPC, however, that only about 10% of Unions would be able to win this award. If this were the case, we fear that it would not really achieve its major goal of encouraging UPCCs to function effectively and to stimulate a greater quantity of acceptors; rather it might serve as a disincentive to the great majority of PCCs which would believe they have no chance at all to achieve what they perceive to be an unrealistic target.

An alternative 'progressive' approach to establishing the targets and amounts of the awards might be considered. Under a progressive approach, nearly all Union PCCs would win something - if only a nominal amount - simply to keep them trying.* Balancing this would be much higher awards for smaller numbers of real achievers. For example, under the current program, if 10% of 4500 UPCCs were to win Tk 50,000, the total amount disbursed would be:

$$.10 \times 4500 \times \text{Tk } 50,000 = \text{Tk } 22,500,000$$

*A very similar approach is used in many lotteries in which many 'winners' win nothing more than a free ticket to the next lottery. But this approach, by producing a fairly large number of winners, stimulates greater interest in the lottery.

Approximately this same total might be distributed such that 50% of all Unions win a nominal amount, say Tk 3000 (not a trivial amount, but enough to keep the committee interested). In addition, 12% of all Unions could win a substantially higher amount, say Tk 20,000, while a very small proportion of very high achievers (2%) could win a much, much higher amount, say Tk 70,000.

$$\begin{aligned}
 & (.50 \times 4500 \times \text{Tk } 3000) + (.12 \times 4500 \times \text{Tk } 20,000) \\
 & + (.02 \times 4500 \times \text{Tk } 70,000) = \text{Tk } 24,850,000
 \end{aligned}$$

Through this approach, nearly two-thirds of all Unions will win something, with achievement at each level serving as a stimulus to try for the next level. (If slightly more funds were available, it might even be desirable to increase the total proportion of winners to 80-85% of all Unions.)

If some sort of progressive system of awards were to be established, it would require considerable study of historical achievements in order to establish reasonable targets for each of the three levels of awards.

Recommendation: Change the Union-level awards from a flat amount to be won by a small proportion of Unions to a progressively increasing amount, with targets set so that more than half of all UPCCs will be able to win something.

Upazilla: The Upazilla-level PCC (UZPCC) contains the heads of virtually every government office in the Upazilla (see Annex 4). Many of those people, as government servants, are not long-term residents of the locale, but are transients, shifting periodically from place to place. Their membership on the UZPCC presumably implies that through them, their departments can do something to stimulate family planning acceptors. It is not clear how this will happen.

Alternative membership for the UZPCC might comprise a handful of Upazilla-level officials (the Parishad Chairman, the UNO, the FPO) plus representatives from each of the Union PCCs. With this approach the UZPCC's primary function would more clearly be to stimulate the UPCCs to, in turn, stimulate acceptors - perhaps a more realistic approach.

An Upazilla award of Tk 100,000 is to be given to one Upazilla per District. Criteria for achievement will, presumably, be identical to those still to be established for the Union-level awards.

Community award uncertainties. Community awards is a new idea which may be difficult to implement. If they are not perceived as fair, and if they do not really succeed in motivating people to do things to encourage more people to accept family planning, the program may not only waste money but also kill hopes of using any type of community involvement as a tool for development activities. The danger that poorly-planned community awards may prove to be detrimental to community involvement needs to be considered very carefully. Some of the questions concerning community awards which should be addressed before the program is implemented on a large scale are:

- Will PCCs perceive the MIS-established targets as fair? (It is plausible that they may perceive the current approach - which blends population size and past performance - as less fair than a simple target per worker or per population.) If not, will this be harmful?

- Should a Ward-level (or, conceivably, village-level) award be established, either in addition to or instead of the higher-level awards? Perhaps one or more NGOs can be asked to try this on a small scale.
- How will the community awards be affected by the parallel program of reimbursements for anyone who motivates a sterilization or IUD acceptor? Will PCC members be able, 'simultaneously, to compete with each other to motivate individual acceptors and to cooperate with each other so that the Union can achieve its overall target? If not, should the 'open' reimbursement scheme be eliminated? (See chapter 14 for a further discussion of this issue.)
- How will communities be monitored to minimize cheating?
- What restrictions - if any - should be put on the PCCs regarding the spending of the award money? This is potentially a very sticky issue. Our initial inclination is to suggest strongly that it may be used for community betterment, but in the end to place no actual requirements on its use: the final decision should be theirs, even if the committee decides to divvy it up among themselves.

The current reimbursement program - by emphasizing competition among field workers, Dais and the general public - is potentially counterproductive, as it conflicts with the cooperative approach implied by a community award. As suggested in one of the questions above, even within each PCC, this conflict may arise. This same issue is even greater between the field workers, on the one hand, and the Dais and general public on the other.

Currently, it is to the advantage of an FWA (or FPA) actively to discourage Dais and the general public from motivating clients - since every client they motivate diminishes her eligible pool. How can this be modified, to make competition and cooperation work together rather than at cross purposes?

Recommendation: (1) Encourage the FWA to shift from being strictly a field motivator to being an organizer/trainer/coordinator of a series of volunteer field motivators - including, but not limited to the Dais. (2) Allow her to receive a small reimbursement for all clients motivated from her ward - regardless of whether she or someone else motivated them. (3) Have her train any individuals who wish to work part-time as family planning motivators.* When she certifies that an individual has received training from her (and thus is capable of warning people of possible side effects, etc.), then that individual becomes eligible for the Tk45 reimbursement

*This training will, in some instances, be one-to-one; in other instances, with a small group. Experiences from other countries suggest that such training is feasible. For some FWAs, assistance from the FPA, FWV or TFPO may be required. In all instances, supervisors should monitor the FWA's first couple of training courses to ensure optimal quality.

rate currently limited to Dais. (4) Eliminate the reimbursement for the general public (thus enhancing the status of the FWA as she can decide if a person can or cannot receive the reimbursement). (5) Have the FWA encourage competition among the volunteer fp motivators... Through this process, any FWA who is a good manager can achieve her targets through the work of others. If she is not a good manager, she will be forced to rely on the current approach of motivating acceptors herself.

This approach will improve community participation through individual competition to achieve community cooperation.

Recommendation: Community awards should only be instituted after carefully investigating the various uncertainties and determining precisely how best to implement them.

Training for community involvement. Despite the emphasis in the government program and in the above discussion on awards as a stimulus to community action, we do not believe that this will be sufficient to develop and sustain effective community involvement. The 'principles' of effective community involvement listed in the third paragraph of this chapter contain a number of elements which are currently not met - especially knowledgeable and committed members who are willing to do things to promote family planning. (Being willing to do things to win an award is not quite the same thing.) Telling them to be knowledgeable and committed will not work. Assisting them to learn more about the population problem, about conception, about contraception, about what they might do to promote family planning might work. This is a difficult task, as it requires the conducting of thousands of little training programs - perhaps two hours to two days in duration - for tens of thousands of PCC members.

Establishment of a comprehensive program for training of PCC members is essential for their success. It requires sufficient personnel and resources to plan and implement numerous activities. A general work plan for such a program might include:

- (a) Identify, through questioning of a sample of PCC members, the appropriate location, duration, and modes of training.
- (b) Have NIPORT - or another group under the auspices of NIPORT - develop, try out and improve teaching modules, including training aids, for a series of at least twenty different topics (Sample topics: i) at what age should a girl marry? ii) what information should an FPA report to the Union PCC? iii) how the CuT works (in layman's terms) iv) how to discipline a delinquent FWA). Wherever possible, each module should contain two parts - content and action; the latter should emphasize the need for PCC members to develop a plan for their own activities concerning the topic of that module.
- (c) Train DTTs to: i) use these modules and ii) train TFPOs to use them.
- (d) DTTs then train TFPOs (and others?) to plan and teach a series of lessons to PCC members.
- (e) TFPOs plan and implement the training.

Such a program requires a major shift in the function of the TFPO: he or she will need to devote a large proportion of time to planning and conducting training. The 'multiplier' effect of training is such that a shifting away from his administrative responsibilities towards a much greater emphasis on training (and supportive supervision) would be highly beneficial to the program. Without such a training emphasis, we do not believe that community participation will be very effective, despite the award system.

Recommendation: Establish a major program for the training of Population Control Committee members. PCCs will only be successful if they receive a lot of personal attention from the TFPO, including - but not limited to - a long and regular series of brief training programs. These training programs will only be effective if very detailed training materials are prepared (by curriculum experts) and TFPOs taught to use them. The purposes of the training are to assist PCC members to understand the various aspects of the population problem and to take action at their own level to attempt to solve problems.

Community Participation Unit in the PCD. The numerous suggestions in this section would be more likely to succeed if there were a single central unit responsible. This unit would need to implement some activities independently as well as coordinate the activities of others (eg, NIPORT for the curriculum development and training of trainers, Finance for the paying of the awards, NGOs for the trial of other community schemes).

Recommendation: Establish a new Director's Office in the PCD for Community Participation.

Chapter 19

Logistics and Supply

The consultant team's original Scope of Work called for an analysis of the PCD's Logistics and Supply system, with technical inputs from an AID supply advisor. As this advisor was not available, this requirement was dropped, by mutual consent, during discussion with USAID/Dhaka.

Chapter 20

Management Information

The national effort towards population control comprises the activities of 15 government ministries with 52 projects in the public sector, 170 organizations in the private sector and about 40 bilateral and international donor agencies. Each of these institutions and agencies, presently generates management information to meet its own internal requirements. Ideally, at the national level, program planners and managers could utilize selected components of each agency's management data; the national program as a whole might benefit from an integrated and uniform system for data generation, tabulation, and interpretation, with the information thus gathered being disseminated to various levels of management for planning, coordinating, and decision making. Information that could thus be utilized concerning such things as demographic patterns and trends, financial and budgetary matters, management and administrative issues, target setting procedures, contraceptive prevalence rate trends, and a current picture of manpower and physical facilities.

Certain elements of such a national MIS are found at the central level of the PC program; other elements are decentralized and are presently difficult to aggregate. Within the PCD, the MIS Section serves as the main focal point of the management information requirements of the MOHPC's Population Wing and as a potential focal point for the MIS needs of the country-wide, multi-sectoral and multi-disciplinary efforts of the total national program.

Current Status. The MIS Section (formerly known as the Research Evaluation Studies and Planning (RESP) Unit of the PCD) was established in 1979. Its present activities are grouped under five headings: service statistics, contraceptive prevalence surveys, monitoring of public sector and NGO projects, target setting and maintaining a central operations room.

Service Statistics. The Service Statistics Reporting Cell of MIS provides weekly reports on sterilization procedures performed and monthly performance reports on other methods. Sterilization data originate at the UHC (former THC) level where most of them are performed. In addition, such data also come from mobile clinics, NGO clinics and some hospitals and MCWCs. Individual cases are recorded under the Union from which the client has been referred. Reports for other fp methods from the village level come from FWAs, FPAs and HAs. The TFPO consolidates the weekly and monthly reports and sends them on to MIS, Dhaka (through the DDFP). MIS currently receives reports for 445 performing Thanas. In theory, spot checking of households may be made to ascertain the accuracy and reliability of the field reports.* As of now such spot checking seems to be minimal. Checks for accuracy were carried out by central level MIS personnel only on three occasions, and none have been made recently. At MIS headquarters in Dhaka, the reports are processed by computer. Missing reports are identified

*The spotchecking is supposed to be done by the personnel at the Thana level who are responsible for consolidating the statistics, guided by assistant statisticians for MIS (3 out of 14 assistant statisticians are responsible for checking accuracy).

and followed up. As a result all 445 Thanas are now included in the tabulation and analysis on a regular basis.

The service statistics reports are distributed to concerned officials in the Ministry and Directorate, all District offices, Central Operations Room and the Planning Commission. Computer printouts are available within a few weeks following the end of the reporting month.

In our discussion we found that the central level officials are now better informed about the service statistics. Examples of both underreporting and overreporting came up in these discussions, but their impression is that the information is reasonably accurate. (We are not convinced, however, that this is true.)

Contraceptive Prevalence Surveys (CPS). The MIS had carried out contraceptive prevalence surveys (CPS) in 1979 and 1981. The latter included information on knowledge and use of contraceptives and demographic/social characteristics of the population. Though the 1981 CPS had some weaknesses, it has been widely used to assess the demand vs. supply situation. Another CPS is being presently carried out by a private consulting group.

Monitoring Programs/Projects. In theory, monitoring activities of MIS cover 52 projects in the public sector and 170 NGOs in the private sector. Besides contraceptive performance, MIS is supposed to monitor fund utilization, target achievement information and other administrative issues. Results of such analysis are supposed to be sent to concerned officials of MOHPC, to the NGOs and to the CMLA/President's secretariat. It appears that monitoring of other aspects besides contraceptive performance is hardly done by MIS.

MIS also does not seem to make much use of project evaluations and reviews done by donor agencies and the External Evaluation Unit of the Planning Commission.

Target Setting. MIS is responsible for target setting down to the Union level. MIS apportions the overall target (set by the Planning Commission) to District, Thanas and Unions according to a formula that reflects the size of the population served and the last year's performance level.*

*It uses as the base for calculation of each District's (or Upazilla's) proportion of the national target the mean of that District's (Upazilla's) proportion of last year's national achievement and of the total population. Thus:

$$T_D = \frac{A_{D(y-1)} + P_D}{2}$$

where

T_D = the District's % of the national target
 $A_{D(y-1)}$ = the District's % of the previous year's national achievement
 P_D = the District's % of the national population.

Annual acceptor targets for 1985-1990 by contraceptive method were released in November 1983. The target-setting system needs to be examined more carefully. For example, the entire question of seasonal variation of demand (which plays an extremely important role in Bangladesh) is not taken into account. Other factors such as the programs's strength in different areas and performance of the field workers are also important in determining more practical targets.

If acceptor targets are to be used as a basis for management of the program - a Management By Objectives or MBO approach - it is essential for these targets to be clearly understood and accepted by program managers, field workers and PCC members. It is doubtful if the current target-setting approach would fulfill these criteria. A simpler method, based solely on a fixed target per worker or per population is likely to be perceived as being fairer than the more complex approach which tries to combine population and past achievement. The perception of fairness - especially when target achievement is used for competitive awards - is extremely important.

Central Operations Room. A more organized Central Room for the PCD is being planned by MIS for use by DGs, program managers and briefing sessions for visitors.

Observations and Recommendations. So far MIS seems to function as a central level organization oriented primarily towards collection and distribution of service statistics and contraceptive performance reports. The involvement of field level workers is one simply of routine reporting. There is little or no interaction between the periphery and the center to discuss the information that is collected. With the exception of serving as a source of information for follow-up of very poorly performing areas, it is not clear how the available information is used for improving the program performance.

Recommendation: The MIS section should focus its attention more directly on the field level. The workers need to be trained better, not only to collect information more accurately, but also to utilize such information for program improvement. In essence, this means two things:

- collectors of data should learn how to analyze what they collect, and use it to improve their own activities, and
- personnel at the level above the collectors of any data should learn how to combine and analyze the data rapidly, and use the resulting information to compare the different data-collectors, then feed this information back to them to use as a tool to help improve performance.

PART D

TECHNICAL ASSISTANCE

Some of the recommendations made in this report may be implemented more effectively if short or long-term technical assistance is provided. For the former, we suggest that the MSH approach, in which the same individual returns for a series of short-term consultancies (termed Long-term Periodic Consultant, or LTPC), be adopted.

Long-term consultants (LTCs) would be useful to:*

- Assist the Planning Cell to improve its functioning, shifting away from project planning and monitoring towards overall planning with realistic targets and far greater NGO linkage.
- Assist the Project Finance Cell to plan and conduct financial training for lower level personnel.
- Assist the proposed Deputy Director-Supervision to develop and implement an overall supervision system.
- Assist the Chief of the Field Workers Training Section of NIPORT to plan and implement the extension of the District Training Teams' function to become District Quality Improvement Teams.

LTPCs would be useful to:

- Assist the proposed NCPC Executive Officer to clarify his responsibilities, begin implementation and periodically review activities.
- Assist CPMR or some similar group to develop District-level Population Management Advisors.
- Assist the proposed Deputy Director-Community Involvement (or whoever may be appropriate) to design and monitor a complete award/reimbursement system.
- Assist the proposed Deputy Director - Community Involvement to plan and improve a system for training for PCC members.
- Assist the DG, NIPORT or the Chief of the Training Development & Coordination Section to conduct an analysis of the quantity of personnel of each type required and the resources to produce them.
- Assist the three training sections in NIPORT to review curriculum and materials development processes, as well as the curricula, materials and training programs themselves. This is especially important where NIPORT is slated to train others to conduct training.
- Assist the Chiefs of NIPORT Management Training and Field Workers Training Sections to establish a video capability and use it for training of supervisors and others - at first in NIPORT itself, then expanding to the District Training Teams.
- Assist the Management Training Section of NIPORT to review and improve all management training courses.
- Assist the MIS Section to extend its activities to help Ward, Union and Upazilla-level workers analyze and use information.

*The order in which these are presented derives from the order in which these topics appear in the report, not from an order of priority.

Scope of WorkARTICLE I - TITLEBACKGROUND

The population growth problem in Bangladesh is of crisis proportions. A substantial demand for family planning services is now going unmet, however, because of administrative and bureaucratic problems in the Government of Bangladesh program which hinder effective service delivery.

ARTICLE II - OBJECTIVE

To conduct a management assessment of the Ministry of Health and Population Control (MOHPC) Family Planning Program in order to identify institution building inputs and factors to be addressed through policy dialogue with the Government of Bangladesh.

ARTICLE III - STATEMENT OF WORK

- A. The contractor will review relevant literature and documentation available through AID and the Government of Bangladesh.
- B. The contractor will develop a design for the assessment to be undertaken and present this design for approval of USAID/Dhaka.
- C. Using a systems analysis approach, the consultants will assess the current administrative/management systems of the MOHPC Family Planning Program, identify the administrative/management constraints and problems which prevent the MOHPC from reaching its family planning goals, and recommend specific solutions and improvements to address these problems and constraints. This analysis is to cover the following MOHPC systems:

1. Planning
2. Budgeting and Finance
3. Personnel
4. Manpower Development and Deployment
5. Training
6. Supervision
7. Logistics and Procurement (USAID logistics management officer will assist in this area)
8. Management Information

D. The contractor will evaluate the overall strategy of the family planning delivery system.

E. It is recognized that the MOHPC family planning system imposes certain constraints that cannot be changed, and which may preclude the effective and efficient operation of a high priority, critical program within the existing system. If the assessment undertaken per II.D., above, finds this to be the case, the consultants are to make suitable recommendations for an alternative structure for the delivery of family planning services (e.g., a semi-autonomous board similar to Indonesia's BKKBN).

ARTICLE IV - REPORTS

For each of the MOHPC systems listed in II.D., above, the report will:

1. Describe the system.
2. Identify both the actual inputs, processes and outputs and those needed for optimal performance of the system.
3. Identify constraints within each system.
4. Document the needed inputs in sufficient detail so that the USAID can accurately cost them and identify required human resources.
5. Justify the selection of needed inputs and processes and why they will result in the needed outputs.

Two copies of the initial draft report will be provided to Suzanne Olds, USAID/Dhaka Health Development Officer prior to the departure from Bangladesh of the contractor's employees.

Twenty (20) copies of the final report will be submitted to Suzanne Olds, USAID/Dhaka Health Development officer and 5 copies will be given to Edward Muniak, AID/W, ASIA/TR within 4 weeks of the consultant's return to the United States, or in a time frame mutually agreeable to USAID and the contractor.

ARTICLE V - RELATIONSHIPS AND RESPONSIBILITIES

Contractor will report to Suzanne Olds, USAID/Dhaka Health Development Officer.

Annex IIImproving the Functioning of the Thana Health Complex (THC)(Outline for discussion)I. Overall objectives

To improve the delivery of health and family planning services in the Thana.

II. Specific objectives

- a Prioritization of a package of family planning/MCH/primary health care services to be delivered.
- b Reducing the gap between job specifications and job performances of all workers in relation to the priority services.
- c Evolving a proper mix between institutional and outreach services from the Thana (T.H.C.) and Union (FWC/Union dispensary) levels.
- d Establishing appropriate linkages between T.H.C., Union FWC/Rural dispensaries and outreach workers and a system of referral.
- e Improve operational level planning at various levels essentially based on planning by objectives.
- f Evolving appropriate methodology of work for various personnel in respect of their job assignments.
- g Fostering team spirit and team work among workers at Thana, Union and community level in the delivery of related services.
- h Evolving an effective system of supervision including group supervision from Thana to community level.
- i Developing a system of continuing training for all personnel in the Thana.
- j Improving the system of record keeping with a view to reduce paper work and at the same time increase its relevance to monitoring and evaluation of activities.
- k Developing ways to involve the community representatives in the delivery of services.

III. Methodology

Through organizing a system of regular supervision - cum - continuing training of Thana staff by mobile teams from District level.

IV. Area of operation

Two Districts and six Thanas in each District.

V. Criteria for selection of Districts and Thanas

- a Medium performance Districts.
- b Thanas - In each District two Thanas of high performance, two of medium and two of poor performance to be chosen.
- c Thanas selected to be well connected by roads.
- d Thanas with maximum number of existing rural dispensaries FWC to be chosen.

VI. Staff

Each District will have a mobile team functioning from the district level. Each team to consist of three professionals: one medical with public health background, one specialized in family planning, and one with managerial background. One among the three will function as a team leader. Each team will be provided with a microbus.

VII. Relationship to District staff

The mobile team will receive its authority and support for work from a District level Committee consisting of Civil Surgeon, District Family Planning Officer, additional Civil Surgeons and the Training Officers of the District Training Team with the Civil Surgeon as Chariman and the District Family Planning Officer as Vice-Chairman. The team will have the power to reorganize the work in the Thana in ways that are deemed appropriate for improving delivery of service.

VIII. Thana level structure

The present structure at the Thana level as ordered under the functional integration plan will be taken as given. All the staff provided under the present structure to be filled up wherever Union level staff like FWV & MAs have been posted but no FWC/RD exists, the THF&PO should be authorized to make clinical accommodation available through hiring of buildings, wherever necessary. Each THC/FWC to have a minimum of equipment and also a minimum level of supply of drugs previously agreed upon.

IX. National level guidance

The work of the two teams will be guided from the national level by a Committee consisting of DG (Health Service), DG (FP), DG (NIPORT), DG (NIPSOM), Director (EPI), Director (ORT), & DG (THC).

X. Budget

The budget for two years will be met from second population Family Health Project through funds earmarked for innovative projects and operated through the Subvention Committee.

SANCTIONED AND REQUIRED POSITIONS OF OFFICERS AND STAFF OF TRAINING UNIT, NIPORT

Section	POSITION OF OFFICERS					
	Sl.No.	Designation	Sanctioned post.	Addl. Post/New post recomman-ded in PEC	Addl. post Required	Total
1. Management Training Section.	1.	Director	1	-	1	1
	2.	Supdt.	-	-	1	1
	3.	Senior Instructor	4	-	6	10
	4.	Instructor	2	2	6	10
		SUB-TOTAL :	6	2	12	20
2. Field Workers Training Section.	5.	Senior Instructor/ D.D.	-	1	-	1
	6.	A.D.(Training)	-	-	1	1
	7.	Instructor	-	1	-	1
	8.	Evaluator	-	-	4	4
		SUB-TOTAL:	-	2	5	7
3. Tech. Training Section	9.	Deputy Director	-	1	-	1
	10.	A.D. (Curric. Dev.)	-	-	1	1
	11.	A.D. (FMVTI)	-	-	1	1
	12.	A.D. (Doctors Training)	-	-	1	1
		SUB-TOTAL:	-	1	3	4
4. Training Development and Co-ordination Section.	13.	Curriculum Specialist.	-	1	-	1
	14.	D.D.(Trg. & Evl.)	-	-	1	1
	15.	D.D.(Trg. Co-ord.) <i>initial admt</i>	-	-	1	1
	16.	A.D.(MST) <i>initial admt</i>	-	-	1	1
	17.	Jr. Instructor (AVA)	-	1	-	1
	18.	Translator/Editor	-	-	2	2
		SUB-TOTAL:	0	2	5	7
		GRAND TOTAL:	7	6	25	40

Compositions of the Reconstituted
Population Control Committees

Source: BDG Memo No. PP-1/S-6/6/79 (pt-1)/18
dated February 16, 1983.

THANA POPULATION CONTROL
COMMITTEE

Composition:

1. Chairman, Thana Parishad..Chairman
2. Thana Nirbahi OfficerVice-
Chairman
3. Thana Health & F.P. Officer..Member
4. Thana Education Officer "
5. Thana Agriculture Officer "
6. Thana Engineer "
7. Thana Cooperative Officer "
8. Thana Social Welfare Officer "
9. Thana Rural Dev. Officer "
10. Thana Statistical Officer "
11. Thana Mass Communication Officer "
12. Thana Ansar & VDP Officer "
13. Chairman of UPs in the Thana "
14. Chairman, Thana level
Pourashava, if any "
15. Representatives of NGOs and
Voluntary Organizations
involved in family planning "
16. Thana Medical Officer, MCH-FP "
17. Thana Family Planning Officer
Member-Secretary

UNION POPULATION CONTROL
COMMITTEE

Composition:

1. Chairman, Union Parishad, Chairman
2. Member of Union Parishad Member
(all)
3. All Govt. servants at
union level "
4. Presidents, Local Mother's
Club/Mohila Samity/
Cooperatives "
5. All Head Teachers of
educational institutions "
6. Head Master, Madrasha "
7. Ansar Commander "
8. Family Planning Assistant
- Member-Secretary

VILLAGE POPULATION CONTROL
COMMITTEE

Composition:

1. Union Parishad or
person nominated
by the Union
Committee. Chairman
2. Head Teacher/Mistress
of schools/Superinten-
dent of Madrasha Member
3. All female Teachers "
4. All village level
government servants "
5. Representatives of
Cooperative Societies "
6. Presidents of Mother's
Club/NGOs, if any "
7. Family Welfare Assistant...
Member-Secretary

MUNICIPAL POPULATION CONTROL
COMMITTEE

Composition:

- | | |
|---|------------------|
| 1. Mayor/Administrator/
Chairman of Corpora-
tion of Pourashava. | Chairman |
| 2. All Commissioners/
Ward Members | Member |
| 3. All heads of NGOs/
Voluntary Organizations | " |
| 4. Project Director,
Model Clinic (if any) | " |
| 5. Civil Surgeon/Sub-
Divisional Medical
Officer | " |
| 6. Deputy Director/
SDFPO/TFPO | " |
| 7. Principal, Women's
Colleges | " |
| 8. Principal, Government
College (one) | " |
| 9. Chief Health Officer/
Health Officer of
Corporation/Pourashava | Member-Secretary |

INSTITUTION BASED POPULATION
CONTROL COMMITTEE

Composition:

- | | |
|--|-------------------|
| 1. Head of the Institution/ -
Industry etc. | Chairman |
| 2. Manager (Personnel)/
Administrative Officer | Member |
| 3. 2 (two) representatives
of Trade Union (if any)
or workers. | " |
| 4. Head of the educational
institution within the
area, if any | " |
| 5. Medical Officer of the
institution, if any | Member-Secretary. |

ANNEX VSummary of Proposed Job Description Changes

Note that only modifications of jobs are listed here. Existing responsibilities remain the same unless so indicated.

District Chief Health & Family Planning

- New position, above both CS and DDFP.
- Assumes all administrative responsibilities currently exercised by CS, DDFP (including being DDO).

DDFP

- Omit existing administrative responsibilities (except as agent for DCH&FP).
- Increase technical supervision of family planning activities at UHC and below.
- In charge of expanded District Training Team whose added roles include promotion of innovative approaches to increasing fp acceptors and training in Upazillas of workers and community members. In charge of financial resources for these activities.

CS

- Omit existing administrative responsibilities.
- No direct relationship to fp program.

TH&FPO

- Assumes all administrative responsibilities currently exercised by TFPO (including being DDO).

TFPO (and ATFPO)

- Omit existing administrative responsibilities.
- Increase technical supervision of family planning activities.
- Conduct frequent brief in-service training of field personnel.
- Conduct orientation and training of Population Control Committee members and other community leaders.
- Serve as member of expanded District Training Team and local manager for all their activities within the Upazilla.
- Serve as 'executive secretary' of Upazilla Population Control Committee to coordinate all activities aimed at achieving Upazilla-level targets.

MA

- Convene meetings of all AHI, FPA, FWV, HAs, and FWAs in his jurisdiction (focus of meetings: how they can assist each other).

FPA

- Serve as 'executive secretary' of Union Population Control Committee to coordinate all activities aimed at achieving Union-level targets.
- Omit joint visits with FWAs.
- Increase male-oriented fp motivation
- Assist TFPO in implementing innovative activities and field training.
(- Alternative: Increase female FPAs via upgrading of existing FWAs. Female FPAs can continue/expand technical supervision of FWAs.)

FWV

- Increase field technical supervision of FWAs.

FWA

- Train and supervise fp field motivators
- If Ward-level Population Control Committee is established, serve as its 'executive secretary'.
- Coordinate all activities aimed at achieving Ward-level targets

1	2	3	4	5	6	7	8	9	10	11	12
Position (other & previous titles)	Process of Developing Job Description	Key Elements of Job Description	Current Long Term Plan for Number of Personnel Needed	Number Sanctioned	Number Current	Salary Scale	Selected by	Basic educational qualification	Trained by	Duration of training	Can be transferred by
WARD											
PWA (NA/PWA, Jan. H&FP Worker)	Most job descriptions at all levels were developed in the 1960's or early 1970's.	FP (IEM, cont dist, referral for ster). MCH (advice & referral for imm, vit A). Work with women's groups. Regular household visits.	one per ward (13,500)	13,500	12,500	250-360 275-480	Dist. Selection Comm. headed by DC, incl CS + DDPF. Considerable publicity given, then written + oral test.	8 or 10 years	DTT	6 weeks (with PWA)	Cannot be transferred
Del		FP (IEM, cont dist, referral for ster)	1/ward 13,500	13,500	13,300	TH&FP/ster client		none	TFPO	6 weeks (1960s)	cannot be transferred
TBA		Delivery pre/post natal care		N/A	N/A	N/A	N/A	none	PWV		cannot be transferred
NA (PWA, QMA, Male H&FP worker) H&FP Team Leader)		Health (CDC, ORS, Iam). FP (IEM, cont dist, referral for ster. Vit A). Health Ed (nut, sanit, water). Regular household visits.	1 per 1090 pup		c. 2 per ward			12 yrs		3 mos.	
Volunteer CM	Institutional	First aid. ORS	one per village							1 day	
UNION											
PWA (ANFPI, H&FP Team Leader)	memory of the process is weak.	Supervises and conducts joint visits with PWA. FP (IEM, cont dist, referral for ster).	one per Union (4500)	4500	nearly 4500	300-540 325-610	same as PWA	12 yrs	DTT	4 weeks (with PWA)	DDFP
PWV (also at Upezilla)		Delivery. MCH, FP (IEM, cont dist, referral for ster).	one per Union plus one per Upezilla	4500 by 1985	3518	370-745 400-825	At District level. Similar process as PWA	10 yrs	PWVTE	18 mo.	DDFP
NA	Recent job description		one per Union						NATS		
Pharmacist (Compounder)			one per Union	1000 by 1985	c. 350	325-610					
ARI (ANFPI)	revisions were	Supervises NA	one per 2 Unions (2250)								
UPEZILLA											
TFPO (UTPO, TH&FP)	done by Ministry	Supervises FPAs IEM. Logistics support for ster. Cont dist. finance (DDO for fp personnel).	one per Upezilla (405)	401	401	625-1315 750-1470	similar process as above but by PSC	14 or 16 years	REPORT	6 weeks	DDFP
ATFPO (AUFPO)	level committees.	Supervises FPAs. Remainder of job deasp. not yet finalised	one per Upezilla (405)	401	0	625-1315	Ditto	14 yrs	REPORT		DDFP
HO(MCH-FP) (NOH&FP)	input to this	Performs ster. Overall responsibility for clinical side of FP MCH program. Supervise PWV.	one per Upezilla (405)	401	401	750-1470					DDF
TH&FP (UN&FP, TMA, TH&FPA)	process from	In charge of UNC.	one per Upezilla (405)								C:
(3) NO	villagers,	Clinic. Also supervise 1/4 (each) of Unions for Natp Ster.	three per Upezilla			750-1470					
NI	workers,	Supervises AHI	one per Upezilla					10 yrs.		1 year	
DISTRICT											
DDFP	supervisors	In charge of all FMCH activities finance (DDO). Appoints class 3 + 4 personnel.	one per District (22)	21	21	1400-2225	Promoted from TFPO or deputed from Health	14-16 yrs			
NO (clinic)	is not clear..	MCHFP in District town + urban clinic	one per Dist. (22)	21	21	1150-1800					DDFP
DTO		In charge of DTT. Trains PWA, FPAs, MA, other	one per Dist. Trng. Center (24)	24	24						
Sr. PWV		Number of DTT	one per Dist. Trng. Center (24)	24	24						
Nutritionist/ Home economist		Number of DTT	one per Dist. Trng. Center (24)		0						

