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11

SUPERVISION OF THE FRONT LINE WORKERS IN THE NATIONAL FAMILY PLANNING PROGRAMME

By

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Available information on the supervision of field staff of the National Family Planning program is limited. A number of studies have been conducted in this area but they are retrospective and based on data collected through one time interviews/ observations.

This paper aims at contributing to our existing empirical knowledge in this area. It presents participant's observations of the day, to day activities of the Family Planning Assistants (FPAs), the direct supervisors of the field staff, Family Welfare Assistant (FWAs). It also furnishes information on the field supervision as viewed by the field staff provided through structured questionnaires. It is based on both qualitative and quantitative data from the MCH-FP Extension Project, jointly sponsored by the MOHFP and ICDDR, B. The data were collected from two rural upazilas of Bangladesh, Sirajgonj of Sirajgonj district and Abhoynagar of Jessore district.

This paper reflects the limited amount and poor quality of supervision of the family planning program at the upazila level. This situation may even be worse in other upazilas where there is no special project, the MCH-FP Extension Project. It can be inferred that inadequate supervision of field staff is one of the major factors contributing to the slow progress of the National Family Planning program. In the conclusion, recommendations for the improvement of field supervision are presented for consideration of the planners, policy formulators and program managers.

41



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SECTION—I OBJECTIVES AND METHODOLOGY

A. INTRODUCTION

Despite the Government of Bangladesh attaching high priority to family planning, the demographic goals set for the National Family Planning programme have remained unattainable. According to a Ministry of Health and Population Control (MOHPC) document* the 1982 contraceptive prevalence rate was 20.3% against the target of 26% and, in 1983, it was estimated to be 23% against the target of 30.7%. It is, therefore, evident that although the National Family Planning program along with the special programs of the NGOs, has been able to promote the level of contraceptive practice to some extent, it is still substantially less than the planned target.

In order to ascertain the reasons for failure of the National Family Planning program, a review was undertaken by the Government of Bangladesh in 1982. A similar review was also made by the donor community in the same period. Both reviews identified several constraints to the smooth and successful implementation of the National Family Planning program. One of the major constraints identified in both the reviews was "Inadequate supervision of staff at field level**"

Unfortunately, empirical evidence of supervision of field staff of the National Family Planning program is very limited. Limited information is available on the extent, content and style of supervision provided to the field staff. A number of studies/surveys (such as, Hussain, Z. 1984, Rahman, M.B. and A.B. Siddique, 1985, Ahmed, G. and P.K. Muhuri, 1982 etc) have been conducted in this area; but they are retrospective in nature and based on the data collected through one time interviews / observations. As such, these studies/surveys can not reflect the actual state of field supervision.

B. OBJECTIVES

This paper, intends to contribute to our existing empirical knowledge in this area. Specifically, it seeks to

- a) Present observations on the day to day activities of the family Planning Assistants (FPAS), the field supervisors of the Family Welfare Assistants (FWAS), the front line workers of the National Family Planning program;
- b) provide information on the field supervision as viewed by the field staff;
- c) Make recommendations for the improvement of field supervision for the consideration of planners, policy formulators and program managers.

* Suggested Program: Components for Population Control Under Third Five Year Plan—Population Control Wing, MOHPC, Dhaka, June 1984.

** Ibid

C METHODOLOGY

(a) Background Information :

This paper analyse operations research data from the MCH—FP extension project. In early 1982, the International Centre for Diarrhoeal Disease Research, Bangladesh, (ICDDR, B) in collaboration with the Ministry of Health and Population Control (MOHPC), Launched the MCH—FP Extension Project in two rural upazilas, Abhoynagar Upazila of Jessore district and Sirajganj Upazila of Sirajganj district. An objective of this Project is to improve implementation of MOHPC, MCH—FP services through improved management at upazila level. The project Implementation Committee (PIC) composed of upazila Health and Family Planning officials and ICDDR,B research and field staff is the guiding force for the experiment in each upazila. During PIC meetings, the MCH and FP programme is reviewed and decisions taken about improving service implementation, bearing in mind the Government regulations governing the program and resources available (facilities, personnel and supplies) in the Government system.

One of the interventions designed to upgrade services in these two upazilas was, provision of counterpart support to midlevel Government field supervisors, the Family Planning Assistants (FPAs). After a joint MOHPC—ICDDR,B technical training for all field staff, including both the Health and Family Planning fieldworkers, their field supervisors and paramedical staff from the Health and Family Welfare Centre (H & FWC), experienced ICDDR,B mid—level field supervisors (Senior Health Assistant (SHC)/Field Research Officer (FRO) were brought from Matlab Station of ICDDR,B to work with the FPAs to provide counterpart support in two unions of Abhoynagar and two of Sirajganj. The counterpart support work required the ICDDR,B Mid level supervisors to accompany the FPAs every day throughout a three month period with a mandate to help the later improve their supervisory performance, but not to do the job for them. The ICDDR,B mid level supervisors would meet them (FPAs) daily in the field according to their (FPAs) monthly tour schedule prepared by themselves for their supervisor, the upazila level Family planning Officer (FPO) This counterpart support to the FPAs was provided during a period, November 1983 through December, 1984 for 3 months to each of FPA.

(b) Data Source and Data Collection Procedure :

This paper is based on both qualitative and quantitative data. The data were collected through two main approaches : i) participant observations, and ii) indepth interviews.

- i) Participant observations : As stated earlier, ICDDR,B mid level supervisors (FROs/SHAs) accompanied the 4 FPAs in the field every day during counterpart support period (3 month period). In addition to helping the FPA improve their supervisory performance, the FROs/SHAs critically observed the work behaviour of FPA and recorded their observations in their diaries confidentially, usually at night after coming back from field work.

In this paper, the contents of the diaries maintained by the ICDDR,B FROs /SHAs who provided counterpart support to the FPAs are analysed.

- ii) Indepth Interviews : Indepth interviews of all workers were conducted through administration of a structured questionnaire concerning their job responsibilities and problems perceived in carrying out their assigned tasks. In all 15 (fifteen) FPAs (8 from Abhoynagar and 7 (seven) from Sirajganj) participated in this interview along with 46 (fortysix) FWAs supervised by them.

Relevant data obtained through this indepth interview have been analysed in this paper.

D. LIMITATIONS

This paper provides information on the extent, content, and style of supervision provided by the FPAs of two rural upazilas ; but these could not be generalized for the FPAs as a whole because of the following points :

- a) The sample size of the study was too inadequate to generalize any inference. Only 4 FPAS (2 from Abhoynagar Upazila and 2 from Sirajgonj Upazila) were observed for 3 months each.
- b) The sample FPAs belonged to special project areas where ICDDR,B in collaboration with MOHPC has been trying to improve MCH & FP services at the grass root level. It is, therefore, expected that the work behaviour of the sample FPAs differs from that of the FPAs of normal Government program.
- c) The sample FPAs were observed by the ICDDR,B mid level supervisors (called ICDDR,B Counterpart) who provided counterpart support to the sample FPAs in order to assist them to improve their supervisory performance. The ICDDR,B counterpart supervisors were supposed to accompany the sample FPAs in the field or meeting every day. It is, therefore, assumed that the normal work behaviour/performance of the sample FPAs might have been influenced by the presence of ICDDR,B counterpart supervisors. It is anticipated that the FPAs observed were performing at their best.

The technical competence of the observers are not beyond question. The ICDDR, B mid level supervisors who observed the FPAs were not professional observers, they were mid level supervisors with several years of experience in supervising a similar field programme. Although, they were given necessary orientation and training on the observational techniques, the possibility of bias in their observations can not be ruled out.

SECTION—II JOB RESPONSIBILITIES OF THE FPAS.

A. PLANNED RESPONSIBILITIES.

A Family Planning Assistant (FPA) is a mid-level field supervisor of the Government's family planning programme. He is supervised by the upazila Family Planning Officer (FPO) and, in turn, should supervise the three field staff of his union, the Family Welfare Assistants (FWAs), according to their preplanned monthly schedule. He is based in the field and should attend the union level Health and Family Welfare Centre (H&FWC) daily to sign the Attendance Register. According to the most recent job description provided by the MOHPC, a FPA is responsible to implement the field programmes of Primary health care, Nutrition, Immunization, and MCH-FP in the union from which he is recruited. His stated supervisory activities consist of collecting the monthly performance reports of each FWA, compiling them and sending them to the FPO. (There is also a weekly performance report which he must collect and compile, although this is not specified in his job description) During his field visit with each FWA, the FPA is to check the supply of medical and Surgical requisites (MSR), Medicine, Contraceptives and other equipment of the worker and ensure a regular supply. He should monitor the FWA's technique for family planning motivation and her educational messages provided to villagers. Specifically, he should ensure her personal contact with prospective clients, her regularity of visits and her work performance.

At the Community level he is to liaise regularly with the Union Council, voluntary organizations, non-governmental organizations and other local elites to promote acceptance and approval of the Health and Family Planning programme.

An FPA should also perform other duties as requested by his authorities. (The copy of the job description of FPA is given at Annex—A)

In addition to the official job description for the FPAs stated above, the MOHPC issued a memorandum in May, 1984, stating guidelines for supervision of the Health and Population control program at field level, (The copy of the memorandum is given at annex-B).

As per this memorandum, a FPA will ;

- a) Prepare a field visit programme beforehand and inform to his field staff. He will make field visit at least 18 days in a month. He will visit all FWAs under him at least once every week and contact at least 6 eligible couples/villagers every week.
- b) Evaluate the performance of the FWAs, identify constraints and take appropriate action ;
- c) Maintain with him a field trip diary and record particulars of his visits, findings and observations.
- d) Send a monthly supervision/inspection report to FPO within 7 days of the following month.

This circular also provided some guidelines for the FPAs for their field level activities. These are :

- a) Check how many villages and what number of population covered by the field workers (FWAs)
- b) Whether reports/returns are submitted regularly.
- c) Check whether the worker receives the supply of contraceptives drugs, forms and cards as required.
- d) Evaluate the achievement of field level workers. (How many couples contacted, how many clients recruited, how many cases referred for MCH services and how many clients referred for tubectomy, vasectomy, IUD, injectables, etc.)
- e) Whether the contraceptives distribution point (CDP) is functioning properly and effectively.
- f) Identify the constraints experienced by the field level workers in achieving target, if any.
- g) Meet a few villagers to ascertain their perception toward services of the field level staff.
- h) Meet a few eligible couple/acceptors, to ascertain whether they are contacted/visited by workers.

B. OBSERVED RESPONSIBILITIES

During the counterpart support period, the FPAs were observed to perform some of their mandated functions, but not one FPA carried out all tasks. In general, they were conscientious about collecting, compiling, and reporting the FWAs, weekly and monthly contraceptive performance reports to the FPO's office. They were also observed to attend the monthly staff meetings at the Upazila Health Complex (UHC), regularly, where they, along with all upazila staff, picked up their salary.

As regards H&FWC meeting it was observed that the meetings were held regularly but not on time. The workers attended the meeting late, usually at noon. So, in most of the cases, the meetings could not be started before noon. In this connection, it may be noted that there are government mandated semi-monthly meetings of all union field staff which did not take place in the experimental upazilas until initiated by PIC (Project Implementation Committee). In Sirajganj a special weekly meeting at H&FWC called Greehasree meeting is held as per the order of the Zonal Martial Law Authority. It was observed that the H&FWC meetings were conducted by the FPA and AHL of the union jointly. The FPAs reviewed the performance (in terms of target) of the FP workers; while the AHL reviewed those of the health workers. The FWVs were not found to play an active role in these meetings.

In the H&FWC meetings, the FPAs discussed the individual performance of the workers (FWAs) one by one and asked the low performing workers to improve. Field problems of the workers were also discussed. It was observed that some times, the FPAs undertook steps or suggested ways to solve some field problems like shortage of contraceptives, sterilized syringes and needles or leave of a particular worker etc. In a few meetings, the FPAs were found to check the record keeping books of the FWAs and to help the FWAs in preparing their progress report. It may be noted that, in conducting H&FWC meeting the FPAs were assisted by the ICDDR, B counterpart support FRO/SHA.

In the H&FWC meeting the FPA should check the accuracy of the performance reports submitted by his FWAs. Before the formal meeting is started, he should compare the performance reports of the FWAs against the Record Keeping Books (RKB)* maintained by the FWAs. He should also check the RKBs of the FWAs on sample basis to see whether they RKBs are recorded properly. But, it was observed that most of the FPAs were reluctant to perform these responsibilities.

As regards supervision of field staff, the FPAs were seldom found to perform their supervisory responsibilities as stated by the MOHPC for supervision of Health and Population Control program at the field level. However, they were occasionally observed motivating villagers to accept family planning during their field visit.

* Record Keeping Book (RKB) is the service record book used by the FWAs in the MCH—FP Extension Project Areas. The FWAs carry RKBs with them to the field and up-date their information at the time of household visitation. This book has been specifically designed for use in the Extension Project areas. In the normal Government Programme, FWAs fill out slips of papers with contraceptives distributed to pass to FPAs. They retain no history of services provided for themselves.

While on field visits with the ICDDR,B staff, the FPAs were not found to be especially interested in their supervisory functions. Their general attitude was that they were accompanying the ICDDR,B FROs/SHAs to the field. At times they would follow other interests during their routine field visits; two FPAs were observed to talk with villagers about Union Council elections, requesting them to cast their votes for particular persons. Local politics appears to be a common interest to the FPAs, perhaps because they have a role which brings them into contact with many villagers daily.

However, the FPAs were not found to perform those functions which are not easily observed by their own supervisors: They generally did not monitor the FWAs' motivational or educational techniques, nor did they keep regular contact with the community groups specified in their job description. They occasionally inquired of the FWAs about their supply of contraceptives, MSR and medicines, but they did not take the initiative to ensure a regular supply, nor were they observed to carry any supplies themselves to the field. They were not found implementing the field programs of primary health care, Nutrition or immunization, nor were they involved in MCH.

If we assess the observations of the FPAs in terms of the five classical functions of supervision, planning, organizing, directing, controlling, and supporting those supervised, (Kutz & Khan) none of the FPAs observed were found to perform all of these functions. Only one FPA was found to perform even two of these supervisory functions-directing, and supporting. He would inquire about the work position of the FWAs during field visits. He occasionally checked the record books of the FWAs, detected errors and advised them on how to correct these errors. He instructed one of his FWAs to complete her work regularly. He was also found one day to educate an FWA in her motivational work. He asked the FWA not to use the term "pet kata" instead of tubectomy. The term "pet kata" means cutting the stomach; such a blunt depiction of the operation could cause fear in the mind of a prospective client, he stated. When conducting meetings, this FPA collected progress reports from the FWAs and discussed with them about their work progress and field problems. As his union is split by a river, he assisted one FWA by arranging boat service for her. Two others were occasionally observed to direct the FWAs to go to the field or to stop work, which is a step beyond their authority. The remaining FPAs were not found to perform any of the supervisory functions noted above.

C. PERCEIVED RESPONSIBILITIES

Interview results with the FPAs show that they prefer to project an image of themselves quite different than that observed. Although supervision of the family planning field-workers (FWAs) is the major responsibility of the FPA, only about 60%

of the FPAs said that one of their duties was to supervise the works of the FWAs (Table—1). Approximately half of all FPAs reported that provision of suggestions and instructions to workers (FWAs) was one of their tasks. Collecting, compiling and submitting the contraceptive progress report was also considered as duty by only about half of the FPAs. True to observations, implementing the primary health care and family planning programmes, checking and ensuring a regular supply to FWAs, monitoring the motivational and educational techniques of FWAs, and liaising with community groups were listed as duties by very few of the FPAs interviewed. However, when asked how they spent their field time 67 percent stated that the majority of their field time was spent motivating villagers to accept family planning (Table 2) Only one FPA of Abhoynagar said he used his field time to supervise the FWAs working in his union. It can be inferred from the data shown in Tables 1 and 2 that the FPAs did not have a clear understanding of their mandated duties and responsibilities, and that they preferred to be seen as active workers in motivating villagers, rather than supervisors.

SECTION—III FPA SUPERVISION AS VIEWED BY THEIR SUB-ORDINATES

All 46 Family Welfare Assistants (FWAs) interviewed stated that FPAs were their immediate supervisors (with the exception of one), and nearly a third said they were not supervised by any other official. The Upazila Family Planning officer (FPO) is supposed to make field visits 14 days per month to supervise this field staff, but only a little over half of the FWAs said that the FPO also supervised their functions.

The FWAs reported that they keep records of their services rendered to the community and use them to prepare their weekly and monthly contraceptive progress reports. Almost all of them said that their records were checked by their supervisors (FPAs). However, record checking appears to be a ritual, rather than a constructive process of management : only 3 of the 46 FWAs interviewed reported that their supervisor helped them to correct record keeping errors and a few stated their records were appreciated, but most stated that the FPAs made no comment about their records (Table 3). As shown in Table 4, only 38% of the FWAs of Sirajganj and 9% of the FWAs of Abhoynagar had their records checked by their supervisors within the last week. By Government order, the FPAs are to go to the field every working day (except for meeting days) to supervise the FWAs ; therefore, every FWA should be supervised nearly two days each week. But more than half of the Abhoynagar FWAs reported they had not met their supervisors (FPAs) in the last week although most of the Sirajganj FWAs had (Table-5)*.

* It may be noted that the FWAs' interviews were taken just before the MOHPC-ICDDR,B training course. FPAs had to contact the FWAs to communicate the FPO's order directing them to participate in the training course. This may be one reason for the high meeting rate noted in Sirajganj Upazila.

For the majority of the FWAs, this last contact with the FPA had not been during a field visit but at a meeting at the Upazila Health Complex (UHC), in the FPO's office or even at the residence of the FWA (Table-6). Discussion during this last meeting revolved primarily around the upcoming MOHPC—ICDDR,B training, although there was also some discussion of work progress and family planning topics (Table-7)

The majority of the FWAs reported that they had discussed work problems with the FPA at some point, primarily about treatment of complications for family planning methods (Table-8). Although some FPAs could assist by making arrangements for such clients to be seen by paramedical or medical staff, a third of the FWAs felt they had received no help from their supervisor (Table-9.) The FPA is illequipped to provide assistance for technical problems as his training is essentially the same as that of the FWA. However, the FPA could provide support in nontechnical areas; such as maintaining adequate supplies, helping with records keeping, and assisting with linkages to medical checkup.

SECTION —IV QUANTITY OF WORK OF THE FPAS

During the time of counterpart support, the job description of the FPA called for him to spend 19 of the 22 work days** per month in field supervision of the Family Planning fieldworkers, the FWAs. The remainder of the month's work days are to be used attending the monthly meeting at the UHC, and fortnightly meetings at the union level H&FWC. In Sirajganj, extra weekly meetings of all union level MOHPC staff had been called by the Zonal Martial Law Administrator creating a difference in FPA's field days. It means the Sirajganj FPAs spend 7 of the 22 work days per month in meetings, decreasing the amount of time an FPA can spend in the field.

As shown in Table 10, it was observed that the average FPA could not be found following his field tour schedule for nearly 40% of each month. As no meetings were scheduled for those days and no special order had been given to him by his supervisor, the FPA was considered to be on unauthorized leave for that period of his work days, or 9 days per month. It must be noted that the presence of the ICDDR,B supervisors generally imposed a control feature on the performance of the FPAs to function at their best. They felt that ICDDR,B staff had access to their supervisors and that their work habits might be reported. Although any liaison between ICDDR,B counterparts and Government officials in this regard was strongly discouraged, the anticipation by the FPAs probably caused them to perform better than their usual norm.

** 22 work days per month excludes 2 off days (i.e. Friday and Saturday) every week.

During the time the FPAs actually spent working in Abhoynagar, the counterparts observed that they spent less than one half (44%) of the expected working days on field visits. Although fewer days could be spent per month on field visits in Sirajganj, even less field supervision was actually observed; less than one third of the days that Sirajganj FPAs were expected to be in the field per month, could they be found following their tour schedules.

In both experimental upazilas, the fortnightly H&FWC meeting. Mandated by Government had not been implemented when the extension Project began. Upazila Officials, in conjunction with ICDDR,B researchers, determined that monthly H & FWC meetings would serve a useful supervisory purpose by bringing supervisors in contact with all fieldworkers in their charge for discussion of worker performance and field problems. Monthly meetings of union health and family planning workers were effected at the time of counterpart support in each union. In Table—10, it is shown that Abhoynagar FPAs spend the expected proportion of days per month attending meetings, but they are not so well attended in Sirajganj where they should account for a greater proportion of the FPA's work per month.

Weekly, the FPA is supposed to bring a contraceptive performance report to the FPO's office. He is to collect the number of acceptors per method from each of the three FWAs in his assigned union and present his compiled report to the FPO on the same day. Hence, no work day should be completely utilized at the FPO's office presenting these report. Although this is the ideal, in actuality the FPA may be observed to spend several days per month working in the FPO's office, updating reports, filling out leave applications for FWAs or attending to "other official works." In Abhoynagar, this averages only one work day per month, but in Sirajganj, the FPAs spend as much time in the FPO's office as in the field. The terrain and transport facilities in Sirajganj do demand at least one day for most FPAs to travel to the FPO's office; however even this pattern does not explain the observed 21% spent by FPAs in the upazila headquarters.

SECTION -V SUPERVISION OF THE FPAS

During the period of counterpart support, it was found that supervision of the FPAs was very lax; no FPO came to the field to observe an FPA at work according to his monthly tour schedule. The FPAs compiled reports of FWAs contraceptive progress were also not checked by direct supervision of FWAs by the FPO. Hence, the FPAs were very much on their own when in the field. As a consequence, the FPAs often remained absent from the field. When working, they were observed occasionally to

exercise authority which was not theirs. For example, one FPA instructed his FWAs not to go to the field for 2 or 3 days as he was not inclined to go on those days. He also instructed them to complete 2 or 3 days work in a day, and then they could have the other days to do with as they saw fit. It should be noted that a FPA does not have the authority to make programme changes; he is only to implement the programme as specified by his supervisors.

SECTION - VI CONCLUSIONS AND RECOMMENDATIONS

This paper reflects the very limited amount and poor quality of field supervision of the National Family Planning Programme in two rural upazilas of Bangladesh. The situation in other upazilas where there is no special project may be worse than this. It can be inferred that the inadequate supervision of the field staff is one of the major factors that could be attributed to the failure of the National Family Planning programme to achieve its goal. The "inadequate supervision" is not only because of the lack of motivation and commitment of the supervisors to the programmes, but also because of the limitations of some administrative and managerial provisions. We also realize that inadequate and inappropriate supervision is only one of the problems in the implementation of the National Family Planning Programme. However, in order to ensure effective field supervision, the following measures could be recommended:

- a) It is observed that the FPAs are not fully aware of their job responsibilities (see page 11); similarly the FPO, MO (MCH) and UHFPO, do not understand their jobs adequately. It is reported that most of the FPAs have never seen their job descriptions. It is, therefore, suggested that all field supervisors be provided with a copy of their job descriptions.
- b) The present job descriptions for the field supervisors (FPAs, FPO, MO-MCH and UHFPO) are to be unrealistic and inappropriate. These should be reviewed and revised by a team of experts having practical field experience.
- c) The job descriptions for the supervisors state a number of tasks to be accomplished by the field supervisors. But the field supervisors, (specially the FPAs) do not know how to accomplish them. It is, therefore, felt necessary that a job manual explaining the process of carrying out each of the tasks mentioned in the job description, be developed for each type of field supervisors.
- d) The job manual for the supervisors should be developed in the light of modern concept of supervision. Supervision does not mean inspection or finding faults of the subordinates; rather it is a process of helping the subordinates to enable them to perform their duties properly.

- e) The revised job descriptions along with job manual should be made available to each and every field supervisors (FPA, FPO, MO (MCH) and UHFPO).
- f) The field supervisors (FPA, FPO, MO (MCH) and UHFPO) should be given orientation training on their job responsibilities. In this orientation training emphasis should be given on the purpose of each type of tasks and the process of carrying them out. This orientation can be imparted by the Regional Training Teams (RTC).
- g) It is observed that the field supervisors, specially the FPAs do not have the necessary logistic support to carry out their responsibilities. The FPAs in most of the cases, are not provided with diary, pen, paper and other stationaries necessary for carrying out their duties. Many of the FPAs also do not have a bicycle, nor do they receive transportation cost for travelling to distant areas within their union. The FPAs who have been provided with bicycle, do not receive maintenance cost for their bicycles. During monsoon when a large part of Bangladesh becomes unaccessible because of flood, the FPAs are not provided with the cost of hiring country boat to perform their responsibilities. It is, therefore, suggested that necessary logistic supports be provided to the field supervisors.
- h) Supervision of the field staff (FWAs) will not be effective unless their supervisors (FPAs) are supervised properly. It is observed that the supervision of FPAs is almost non-existing (see page—16). The FPAs, seldom go to the field to supervise the FWAs. It is, therefore, suggested that a mechanism be devised to strengthen supervision of the union level supervisors.
- i) In consideration of FPO's involvement in other administrative and co-ordinating responsibilities, it is felt that a FPO is not capable enough to provide effective supervision to the FPAs of his upazila. It is, therefore, suggested that the post of Asstt. Family Planning Officer (AFPO) be revived to assist the FPO in supervision of field activities.
- j) The union level supervisors, the FPAs should be empowered with some administrative authorities over their subordinates, like sanctioning leave and withholding salary in case of unsatisfactory performance.
- k) Lastly, the FWAs need technical supervision and support for her work which can be provided by the paramedical staff. This linkage needs to be developed in the management system of the National Population control program.

SECTION—VIII : ANNEXURES

Table—1 : Responsibilities of the FPAs, as stated by FPAs, by upazila.*

Sl. No.	FPA Responsibilities	Extension Project Upazilas		
		Abhoynagar N=8 (%)	Sirajganj N=7 (%)	Total N=15 (%)
1.	To implement the program of primary health care, nutrition, immunization and MCH	1 (13)	—	1 (7)
2.	To supervise the field workers/spot checking.	5 (62)	4 (57)	9 (60)
3.	To Collect and compile the monthly performance report and submit it to their supervisors.	3 (38)	5 (71)	8 (53)
4.	To check the supply of medicine, MSR, contraceptives and other equipment regularly and ensure a regular supply.	1 (13)	3 (43)	4 (27)
5.	To monitor the FWA's technique of motivation for health and FP.	2 (25)	2 (29)	4 (27)
6.	To discuss problems with local people.	2 (25)	1 (14)	3 (20)
7.	To provide suggestions and instructions to workers.	2 (25)	5 (71)	7 (47)
8.	To motivate people to accept FP.	3 (38)	1 (14)	4 (27)
9.	To motivate eligible couples for FP.	1 (13)	—	1 (7)
10.	To manage operation camp when requested.	—	1 (14)	1 (7)

* This was an open ended question and multiple answers were received from the FPAs.

Table—2 : FPA's responsibility requiring majority of field time as stated by FPA's by upazila.

Sl. No.	FPA's responsibility	Extension Project Upazilas		
		Abhoynagar	Sirajganj	Total
1.	Record keeping	—	1 (14%)	1 (7%)
2.	Distribution of contraceptives	—	—	—
3.	Motivation of villagers to accept contraceptives	6 (75)	4 (57%)	10 (67%)
4.	Educating villagers on health problems/health education	—	1 (14%)	1 (7%)
5.	Supervision work	1 (13%)	—	1 (7%)
6.	Others	1 (13%)	1 (14%)	2 (13%)
Total		8 (100%)	7 (100%)	15 (100%)

Table—3 : FPA's comments on the FWA's records, as stated by FWA's by upazila.

Sl. No.	FPA's comments	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	No. comment	17 (77%)	16 (67%)
2.	Appreciated	—	5 (21%)
3.	Helped to correct errors	—	5 (12%)
4.	Not specified	3	—
5.	Not applicable (Not checked)	2 (9%)	—
Total		22 100%	24 100%

Table-4: Period since FPA last checked FWA's daily records, as stated by FWAs by upazila.

Sl. No.	Period	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	One week	2 (9%)	9 (38%)
2.	One week—2 weeks	6 (27%)	8 (33%)
3.	2 weeks—3 weeks	3 (14%)	6 (25%)
4.	3 weeks—4 weeks	6 (27%)	—
5.	4 weeks—5 weeks	1 (5%)	1 (4%)
6.	5 weeks	2 (9%)	—
7.	Not applicable (Not checked)	2 (9%)	—
Total		22 (100%)	24 100%

Table-5: Date of last meeting of the FWAs with FPAs, as stated by FWAs by upazila.

Sl. No.	Date of last meeting	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	Within 0—7 days	10 (45%)	22 (92%)
2.	Within 8—14 days	6 (27%)	1 (4%)
3.	Within 15—21 days	5 (23%)	—
4.	22 days and above	1 (5%)	1 (4%)
Total		22 (100%)	24 (100%)

Table—6 : Occasion of last meeting of the FWAs, as stated by FWAs by upazila.

Sl. No.	Occasion	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	UHC meeting	9 (41%)	4 (17%)
2.	Supervisory field visits	7 (32%)	8 (33%)
3.	FPO's office	2 (9%)	2 (8%)
4.	FWA's residence	1 (4%)	4 (17%)
5.	Others	3 (14%)	6 (25%)
Total		22 (100%)	24 (100%)

Table—7 : Discussion topics between FPA and FWA during last meeting, as stated by FWAs by upazila.

Sl. No.	Discussion Topics	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	No topic	3 (14%)	1 (4%)
2.	MOHPC—ICDDR, B training	5 (23%)	10 (42%)
3.	Clarification of reporting/ submission of reports	3 (14%)	1 (4%)
4.	F.P. topics	5 (23%)	4 (17%)
5.	Work progress	4 (18%)	5 (21%)
6.	Supply	—	1 (4%)
7.	Health topics	2 (8%)	—
8.	Other topics	—	2 (8%)
Total		22 (100%)	24 (100%)

Table—8 : FWA work problems discussed with the FPA, as stated by FWAs by upazila.

Sl. No.	Nature of Problems	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	Never talked about any problem	5 (22%)	4 (17%)
2.	Supply problem	—	1 (4%)
3.	Copper-Tinsertion problem	1 (5%)	1 (4%)
4.	Complications and treatment of FP methods	9 (40%)	8 (33%)
5.	Reporting problem	1 (5%)	2 (8%)
6.	Problem to fulfil/target	1 (5%)	1 (4%)
7.	Problem to cover the whole working area within the Stipulated time because of too much population or too large/inaccessible area	1 (5%)	7 (30%)
8.	Sterilization client referring problem	4 (18%)	—
Total		22 (100%)	24 (100%)

Table-9 : FPA assistance to FWA to solve problems, as stated by FWAs by upazila.

Sl. No.	FPA Assistance	Extension Project Upazilas	
		Abhoynagar	Sirajganj
1.	No help provided	8 (36%)	7 (29%)
2.	Supplies provided (medicine, contraceptives, etc.)	1 (4%)	2 (8%)
3.	Arranged treatment of patients/ clients at UHC/H & FWC/clients	3 (14%)	1 (4%)
4.	Helped to correct reports	—	2 (8%)
5.	Gave advice	5 (23%)	6 (25%)
6.	Arranged field visit	—	2 (8%)
7.	Not applicable	5 (23%)	4 (18%)
Total		22 (100%)	24 (100%)

Table—10 : Per cent of time spent by FPAs on mandated tasks during counterpart support period by Upazila.

Sl. No.	Mandated FPA Tasks	Work Days per month in per cent			
		Abhoynagar (N=57)		Sirajganj (N=91)	
		Expected	Observed	Expected	Observed
1.	Field visits	86	44	77	20
2.	Attendance at the UHC/FPO's office to submit progress report or other official work	0	5	0	21
3.	Meetings	14	12	23	18
	Sub-Total	100	61	100	59
4.	Absent from duties	0	39	0	41
	Total	100	100	100	100
5.	Average time (hours) spent in the field by the FPAs per day	6	3.5	6	3.9

- Expected percentages are developed from estimates based on the Government mandated tasks of the FPA for each month. These differ for Abhoynagar and Sirajganj as four days per month extra have been set aside for meetings in a Government order unique for Rajshahi Division, which includes Sirajganj.

Also, a 5 day work week was in place for 3 of the 4 counterpart support periods ; one FPA in Sirajganj was provided CS for a 6 day work week. The 6 day work week added one day per week to field visit time.

CHARTER OF DUTIES AND RESPONSIBILITIES OF FAMILY PLANNING ASSISTANT/ASSISTANT HEALTH INSPECTOR

Memo No. PP-1/2 E-57/81 (PART) 501

July, 1983.

1. The FPA/AHI will be responsible for implementation of the programmes on Primary Health Care, Nutrition, Immunization, Family Planning and MCH in a Union. The FPA/and the AHI will work directly under the supervision of Assistant Thana Family Planning Officer (ATFPO) of Population Control Directorate (Population Control Division) and Health Inspector of Health Division respectively.

2. The FPA/AHI will supervise the work of the Field Workers at domiciliary level as per their monthly advance schedule of work. Besides, they will regularly ensure collection of blood slides, execution of immunization programme, recruitment of clients by the Field Workers of Health and Population Control Division.
3. They will ensure proper follow-up of the identified cases of Malaria for treatment and directly assist the Field Workers in spraying DDT,
4. Collect monthly reports of performances of the Field workers and submit the same to their respective Supervisors in a consolidated manner.
5. Regularly check the status of availability of MSR, Medicines, Contraceptives and other logistical supplies with the field workers and ensure regularly replenishment of the same.
6. Monitor motivation and education programmes in the community through mass media and other indigenous techniques. Specially they will ensure regularly and effectiveness of interpersonal contact by field workers.
7. Maintain regular liaison with Union Parishad, voluntary Agencies, NGOs, eminent community influentials in order to mobilize social support for Health and Family Planning Programme
8. They will discharge any other responsibility assigned to them by their authorities from time to time.

Reference :

Memorandum of the Ministry of Health and Population Control of July 18, 1983 (Memo No. PP-1/2 E 57/81 (PART) 501 July 18, 1983), specifying the duties and responsibilities of the field level male and female health and family planning workers.

ANNEX—B

GUIDELINE FOR SUPERVISION OF HEALTH AND POPULATION CONTROL PROGRAM AT FIELD LEVEL

No. PC/S-2 (Coord). 27/84 161 (100)

29. 05. 1984

FAMILY PLANNING ASSISTANT/ASSISTANT HEALTH INSPECTOR

(Elaborate fortnightly field trip program will be prepared and field level staff will be informed prior to undertaking the trip.)

1. Number of minimum days of visit in a month : 18 days
2. Number of Centre/Unit to be visited :
3. a) Work of FWA/HA : All workers once in every week.
b) Contact eligible couples villagers : 6 from each ward in every week.
4. Where to report : Family Planning Officer/Health Inspector.
5. Frequency of reporting : Every month.
6. When to report : Within 7th of the following month.
7. How to report : As per standard Proforma.
8. Check list for supervision/Inspection :

FIELD LEVEL ACTIVITIES

1. Check how many villages and what number of population covered by the field workers ?
2. Whether reports/returns are submitted regularly ?
3. Check whether the worker get the supply of contraceptives, drugs, forms and cards as required.
4. Evaluate the achievement of field level workers. How many couples contacted how many clients recruited, how many cases referred for MCH services and how many clients referred for tubectomy, vasectomy, IUD, injectables etc.
5. Evaluate the activities of Health Assistant in respect of preventive measures, education on ORT, collection blood slide, distribution of vitamin "A" Capsules, sanitation, G. R. updating etc.
6. Whether CDP is functioning properly and effectively.
7. Identify the constraints experienced by the field level worker in achieving target if any.
8. Meet a few villagers to ascertain their perception toward services of the field level staff.
9. Meet a few eligible couples/acceptors, whether they are contacted/visited by workers.

Reference :

Memorandum of the Ministry of Health and Population Control of May 29, 1984 (Memo No. PC/S—2 (Coord)/27/84/161 (100) dated 29.05. 1984) containing guidelines for supervision and inspection of the Health and Population Control Programme at the field level.

PROFORMA FOR MONTHLY CONSOLIDATED FIELD TRIP REPORT OF SUPERVISORY OFFICER (HFPO, FPO, MO, AFPO/HI, FPA/AHI)

Month... ..

Dates of field trip	Name of place & Centre visited	Major observations and findings in brief	Action recommended.	Remarks
1	2	3	4	5

A)

B)

C)

D)

Name

Signature _ _ _ _ _

Date... ..

Designation.. _ _ _ _ _

References :

1. Ahmed, Ghyasuddin and P.K. Mukuri :
"Supervisory Roles of Family Planning Field Personnel and Local leaders"
Research Evaluation and Training (RET) Consultants, Dhaka, February, 1982.
2. Hussain, Zahid :
"Correlates of effectiveness of Field Supervision in Family Planning Programme." Centre for Population Management and Research, IBA, Dhaka University, Bangladesh, 1983
3. Rahman, M. Bazlur and Abu Bakar Siddique :
"An Evaluation of Performance of Population and Health officers at the District and Upazila levels." Population Development and Evaluation Unit, Planning Commission, October, 1985.
4. Quddus, Abdul Hasnat Golam :
"Performance of Family Welfare Assistants (Bangladesh)" Department of Sociology, University of Chittagong, Bangladesh, 1979.
5. "A Study on Performance of Family Planning Assistants and Family Welfare Assistants under Family Planning Scheme (1975--78)" Population Section (Evaluation unit), Planning Commission, Government of Bangladesh.