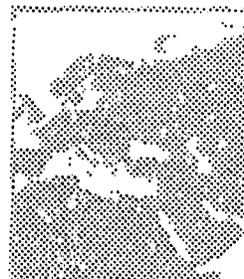


# Family Planning Operations Research/ Asia Project

TO IMPROVE  
THE PERFORMANCE  
OF TAF SUBPROJECTS

August 4, 1988



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**REPORT ON AN  
OPERATIONS RESEARCH PROJECT  
TO IMPROVE THE PERFORMANCE OF TAF SUBPROJECTS**

**G. M. KAMAL  
ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH**

**MICHAEL H. BERNHART  
UNIVERSITY RESEARCH CORPORATION**

**M. Z. KHAN  
ASSOCIATES FOR COMMUNITY AND POPULATION  
RESEARCH**

**4 AUGUST 1988**

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## ABSTRACT

This paper reports on a comparative study of ten non-governmental organizations (NGOs) operating community based distribution projects in Bangladesh. The NGOs were all supported by The Asia Foundation (TAF) and were generally representative of the 24 NGOs TAF supported in the country. Five of the projects were "high" performers, the other five were "low" performers; the objective of the research was to identify operating characteristics that accounted for the performance differences among the two groups of projects.

Performance and operating data were collected from the clients. Project clients were surveyed and participated in focus groups in six of the subprojects. Then field workers were accompanied on their rounds in all ten projects and participated in focus groups in four projects. Subsequently, field supervisors were accompanied and interviewed, and finally, the senior management staffs and executive committees of the ten projects were interviewed. This upward progression through the hierarchies of the projects permitted the researchers to first observe outcomes (e.g., voiced client concerns about side effects) and then search for causes at higher levels (to continue the example, failure of field workers to discuss side effects with prospective adopters and failure of supervisors to check on this). The results were consistent with one another and with generally accepted tenets of program management. A series of problems were identified for TAF to work on with the projects. The better performing projects differed from the others in the following regards:

1. More couples were contacted; low performing projects tended to concentrate their efforts on current users.
2. Home visits were made more frequently.
3. The FWs (field workers) were more likely to have attempted to recruit the couple and would have been more direct in describing the advantages of adoption and the dangers of not adopting.
4. Motivation was more likely to come from the project FW.
5. The FW varied the message delivered to the situation of the couple (contraceptive status, whether pregnant, etc.).
6. The FW covered a broader range of topics; the tendency in the low performing projects was to discuss supplies.

7. Relatively more of the actives used temporary methods (these were CBD programs; permanent methods were offered by the government program and different NGOs).
8. Clients were more likely to obtain supplies from the project FWs.
9. Clients were more likely to discuss their method related problems with the FW.
10. The FW provided a broad range of advice on how to cope with client problems; low performers were relatively more likely to suggest a method change or discontinuance.
11. The FW was more likely to screen prospective adopters for contraindications before selecting a method.
12. The FW was more likely to explain potential side effects before final selection of a method was made.
13. Current users were more likely to promote family planning among their families and friends.
14. The FW more often gave thorough instructions on method use.
15. Discussions with drop out clients were rated better in the high performing areas by the researchers.
16. Although MCH education was ignored in most projects, the high performers did a relatively better job.
17. Supervisors made home visits with field workers (this was rarely the case in the low performing projects).
18. The supervisors visited more homes per day.
19. The supervisor made a more thorough check of client supplies.
20. The supervisor was more likely to ask the client if the FW had screened her for contraindications.
21. The supervisor was more likely to ask the client if the FW had explained side effects to her.
22. The supervisors were rated as more competent and knowledgeable.
23. The supervisors were women (men performed field supervision in some instances in the low performing projects).

24. The supervisors enjoyed closer rapport with the field workers.
25. The executive committee (an unpaid group responsible for policy making for the NGO) was active in planning and program monitoring.
26. The EC (executive committee) was not involved in program implementation.
27. Relationships within the EC were harmonious.
28. Formal recruiting procedures were followed.
29. Financial management was shared by the EC and senior management.
30. The program director (PD) was better informed on the technical and administrative aspects of the program.
31. The PD appeared to be more committed to the job and the organization.
32. The researchers rated the leadership and the dynamism of the successful PDs more highly.
33. The staff was slightly better trained at all levels.
34. The field workers were slightly younger.

Findings common to both groups of projects were:

1. Non-users equated family planning with a contraceptive; general concepts of spacing or health maintenance were absent.
2. Family planning (contraceptives) was viewed in normative terms (bad or good) and not in relative or conditional terms.

The higher performers were relatively better, not absolutely better. No project did everything right nor did any do everything wrong. Significantly, no project performed well on the strength of only a few activities. The more of the items from the preceding list that a project scored well on, the higher its performance. This is an important finding as it underlines the point that there are no shortcuts to high performance. TAF and the subprojects selected two changes to introduce first: visits to all eligible couple and delivery of five different messages during home visits, the message delivered to be

appropriate to the circumstances of the couple visited. Testing for the effect of these two changes is currently underway.

## 1. INTRODUCTION

This paper reports on an operations research project conducted with non-governmental organizations in Bangladesh. Like other developing countries, Bangladesh can ill afford inefficiency in its social service programs. But unlike most other countries, the population crisis is so far advanced that inefficiency in the family planning program is especially unfortunate. This project examined five high performing and five low performing family planning projects in a search for ways to boost their effectiveness. Marked differences were observed in the way clients responded to the projects, in the way services were promoted and delivered, in the manner in which field work was supervised, and in the approach taken by top management to providing leadership to the projects. From these observations, a model of "better" project management emerged. The model appears to be internally consistent -- an intuitive logic links the activities at the different hierarchical levels -- and it is consistent with generally accepted tenets regarding effective management.

This report describes the environment in which the research was conducted, the methods by which data were collected, and the principal findings. The researchers believe that many of the findings from this research will be applicable to family planning programs in other environments.

This report covers only the first and second phases of the research project; the project has now moved on to implementing the findings reported here. Key features of the model have been adopted by an experimental group of family planning projects to further test the validity of the findings.

## 2. THE NATIONAL SETTING

The dimensions of the population problem in Bangladesh are unparalleled. Unfortunately little progress has been made in bringing the country's population growth under control since this research was conducted (1987) and a few statistics from that year will serve as a reminder of the staggering proportions of the problem that the country was -- and still is -- trying to redress:

A population of over 100 million people, which is growing at an estimated rate of 2.6 percent per year, occupies an area of under

144,000 square kilometers (roughly the size of the state of Iowa). This yields a population density of 700 persons per square kilometer. At this growth rate, another 100 million people would be added in less than thirty years.

The pressure on the country's resources is intense. At the time of the research project there were 0.2 acres of land under cultivation per person. By the year 2000 that amount is expected to drop to 0.15 acres. Not surprisingly, nutritional levels are low: 80 percent of the children under five years of age were malnourished and 30,000 children go blind each year from vitamin A deficiency. The population is young -- 45 percent are under fifteen years of age -- and the total fertility rate is a daunting 5.8. That high dependency ratio effectively excludes most women from participation in activities outside of the home.

The population is abysmally poor; most estimates of per capita annual income are around US\$ 100 and eighty percent of the population lives below the poverty line. Even had agricultural productivity been higher, it is doubtful whether the mass of people could have afforded a better diet than they had. And the health status of the population was poor by any standard. Infant mortality is 132 per 1000 live births, compared with 94 in India and 96 in Burma; child mortality is estimated at 25 per 1000 live births; and maternal mortality, 6 per 1000 births, is nearly 100 times the rate found in developed countries. Given the limited health care facilities available in the country these statistics are unlikely to improve until the rate of population increase is checked.

Life expectancy was optimistically put at 50 years.

It is evident that without a substantial decrease in fertility, improvements in social and economic conditions would be difficult -- probably impossible. In recognition of this grim fact the government of Bangladesh set demographic targets in three successive five year plans. In the first plan the target was to achieve replacement fertility by the year 2000; it appears unlikely that this goal will be met. In the second five year plan the target was to reduce the crude birth rate from 43 per 1000 in FY 1980 to 35 by FY 1985; this would have required an increase in contraceptive prevalence from 12.7 percent of eligible couples to 38 percent, largely through an increase in sterilizations. This target was not met. The goal of the third plan was to increase the contraceptive prevalence rate (CPR) from a level of 24-26 percent to 38-40 percent by 1990. The demographic changes expected from that increase in CPR were a 17 percent decline in the total fertility rate from 5.8 to 4.8, a reduction in the crude birth rate from 39 to 32, and a decline in the crude death rate from 15.2 to 13.1. Whether this goal will prove overly ambitious like the preceding ones is unknown but the prospects for achieving it appear dim.

The government adopted a multi-sectoral approach in its strategy, involving a variety of government agencies as well as non-governmental organizations (NGOs). At the time of the research project over 300 NGOs were active in the country in health and family planning; of those, 70 to 80 were large enough to play a significant role in the national population program. Since few of these organizations were financially self-sufficient, international funding agencies provided them with financial assistance and technical support. One of the funders was The Asia Foundation (TAF); at the time of the research TAF supported 24 NGOs in the population field.

## 2.1 TAF'S FAMILY PLANNING PROGRAM

TAF implemented its family planning program through 24 NGOs, which, in turn, offered services at 83 sites throughout the country. These sites were located in both urban and rural areas and were widely distributed throughout the nation. The organizations had a total 1,018,000 eligible couples in their catchment areas, of whom 301,400 were active users of contraceptives; that yielded a contraceptive prevalence rate (CPR) of 29.6 percent which was slightly superior to the overall rate for the country. A total of 1,333 staff were employed by the subprojects, of these 1099 were field workers. The project was fundamentally one of community based distribution, although TAF provided support to clinics in 21 of the subprojects. Sterilizations and IUD insertions were subsidized by the government and contraceptive supplies came from the Family Planning Association of Bangladesh.

The basis of the program were the 1099 field workers. Each field worker was responsible for 1000 couples whom she was supposed to visit every two months and provide contraceptive supplies, motivation, or clinical referral as necessary. Supporting the field workers were clinics in 21 subprojects which were staffed by a paramedic and occasionally by a physician. The clinics provided general medical attention as well as family planning services. A survey of the clients in four of the subprojects revealed that only 12 percent of the patient contacts in the clinics were family planning related and the popularity of the clinics rested largely on their provision of health care services.

The field workers were supervised by field supervisors on a ratio of one supervisor for every four or five workers. The paid management of the organizations included a project director, senior clerical help and a few program directors. The capstone of the organizations was the Executive Committee. This was composed of volunteers who brought a full range of motivations and interest levels to the task of overseeing the program.

## 2.2 PERFORMANCE PROBLEMS IN THE SUBPROJECTS

Although the performance of the subprojects had been improving steadily, one indicator, client retention, fell sharply in 1985 and a study of performance of the subprojects turned up wide variations in performance among them:

1. Dropouts. The drop out rate jumped from 14.2 percent in 1984 to 25.3 percent in 1985. This may have been a transitory increase or it may have been a consequence of more accurate reporting in 1985 (and the belated inclusion of drop outs from earlier years); however, its magnitude and the fact that it was not isolated in a few subprojects indicated that it could not be dismissed.
2. Variations in new user recruitment. The average number of new acceptors recruited for all subprojects was 12.7 per field worker; the variation between subprojects was from 8.7 to 30.9. Some of this variation may be attributed to location (urban vs. rural) or to the different ages of the subprojects; however, there was no immediate explanation, based on exogenous variables, that accounted for the bulk of the variation in performance.
3. Contraceptive prevalence. There were also wide differences in the contraceptive prevalence rate achieved by the subprojects. The highest rate was 58 percent; the lowest, 8 percent. Here the age of the subproject and the method mix may have accounted for some, but not all, of the variation.
4. Cost per active user. Again there were marked disparities in the performance of the subprojects. The range was from US\$ 4.00 per user to US\$ 12.60.

TAF believed that the differences in performance could, in large measure, be traced to field worker motivation and leadership problems at the top of the organizations. This position received support from an AID funded evaluation conducted in late 1985. That evaluation, while generally positive regarding the achievements of the TAF subprojects, documented a number of operating differences among the projects that might contribute to low or uneven performance. The evaluators also found instances of role confusion between staff and the Executive Committees (ECs) of the subprojects although the methodology employed during the evaluation did not permit detailed examination of such issues. Among the variations and problems detected were the following:

1. Case load per field worker. Clients per field worker range from a low of 87 active users in one project to a high of 977 in another. Some of that variance was due to such factors as location, age of the subprojects, method mix, and organization of services (resupply agents were in use in some areas to reduce the workload of the field worker). However, the variation was sufficiently large and pervasive to merit examination.
2. Registration of new couples. This seemed to be a difficult task for the field workers, particularly in subprojects that had expanded into new geographic areas.
3. Frequency of visits. Follow up visits to recent acceptors may have been important in retaining them in the program; 40 percent of the surveyed drop outs from the program cited side effects. While the majority of surveyed practicing couples were visited by a field worker at least once every two months, one-third did not receive a follow up visit earlier than four months. Again there was some variation among subprojects: the percentage of couples visited at least every three months ranged from 44 to 70.
4. Variations in the availability and quality of clinical services. Given the importance attached to the clinics by program clients, reported variations in satisfaction with the services provided may have had a bearing on satisfaction with the program in general and a client's willingness to tolerate minor inconveniences encountered in obtaining services.
5. Supply availability. A steady decrease in the stock of contraceptives available at distribution points was observed. This raised the possibility that contraceptives were rationed which would require more resupply visits. This was a nuisance to both client and provider and reduced the field worker's ability to engage in other activities such as new acceptor recruitment.

### 2.3 RESEARCH OBJECTIVES

Given these problems and the wide variations found among the subprojects, TAF management decided to undertake an operations research project. The ultimate objective of the research project was to raise the level of contraceptive protection provided by the TAF subprojects. In order to accomplish that, specific improvements were sought in:

1. the retention and recruitment rates of the subprojects; and

2. reducing the disparities in performance observed among the subprojects.

### 3. OVERVIEW OF THE METHODOLOGY

The research drew heavily on the survey of four TAF subprojects that had been conducted a year earlier. Since the methodology in that survey was predominantly closed end questions, the range of responses was limited and the opportunities for gaining insight into relationships and processes were also limited. The survey did, however, provide valuable information on the incidence of certain behaviors and indicated the direction for more in-depth research. The survey also supported evidence from service statistics which indicated that some of the subprojects were performing quite well. It was hoped that study of the better performing subprojects might reveal operating models that could be transferred to all subprojects. To identify those models, the research project contrasted the behavior found in selected high and low performing subprojects. This approach led to the following, admittedly general, research questions:

1. How does the behavior of clients differ between the high and low performing subprojects?
2. Can those differences in behavior, if they exist, be traced to specific activities of field workers?
3. If, again, differences in field worker behaviors are found between the high and low subprojects, can they be traced to differences in supervisory behavior?
4. And finally, can differences in supervisory behavior be linked to differences in subproject management?

The most logical approach to these questions was to start the research at the clients' level, to establish the range of behaviors there, and to identify differences between the high and low performing subprojects. Once those differences were known, it would be possible to frame appropriate research questions for the field workers in order to illuminate what they were doing that produced the results observed among clients. Once field worker behavior had been defined, the next hierarchical level, the supervisors, could be studied to determine what they were doing that influenced their supervisors. And so on up the hierarchy of the subprojects. It was expected that a variety of research methods would have to be employed to obtain even a partial picture of the functioning of these organizations. To that end, the research project employed surveys, focus groups, direct observation, in-depth interviewing, and examination of

records. Further detail on the sampling and data collection procedures will be provided later, as an overview:

Client behavior was recorded principally through surveys of current users, non-users, and prior users of contraceptives; 240 respondents in each category were polled, half of them in high and half in low performing subproject areas. Focus groups were also conducted with non-users but the research yield from this activity was lower than anticipated.

Field workers were interviewed and observed on the job. Four field workers in each of the ten studied subprojects were selected and accompanied by a researcher for two days each; two of the observed field workers had posted good records in the areas of recruiting and retention, the other two had poor records. During the course of the observation the researcher interviewed the field workers. The field workers were also brought together in focus groups to discuss ways to boost productivity.

Supervisors, two from each project, were also interviewed and accompanied for two days.

Interviews were conducted with members of the subprojects' staffs and executive committees.

Records of drop outs were compared with currently active clients to see if a drop out profile could be defined.

### 3.1 RELATIVE UTILITY OF THE RESEARCH METHODS

One of the implicit research objectives was to explore the relative utility of the different research methods employed. While it was acknowledged that each was chosen for a specific data collection purpose, it was anticipated that some might work better in the field than others. The reason for that expected difference was independent of the virtues or limitations of the methods themselves. The researchers had limited exposure to some of the methods; could they apply them with the same skill as more familiar data collection approaches? One of the methods was relatively untried in field research in this society; would it encounter norms that rendered it ineffective? For the five data collection methods employed, the senior researchers rated their utility. The basis for these ratings were the interpretability of the data generated, the contribution made by the data to understanding the organizational processes at work, and the confidence in the accuracy of the data.

Direct observation. It was a pleasant surprise to find the data collected by direct observation to be the most useful of any collected. Granted that many questions had already been

addressed by the earlier survey, still the insights that arose from the reports of the observers who accompanied the field workers and supervisors advanced the research the furthest. The researchers' intention to dedicate only two days to observation of each case was greeted with skepticism by colleagues who feared that the presence of the observer would encourage non-representative behavior on the part of the observed. They counselled that observation had to continue for at least one week before the reactive effect exerted by the observer would wane. It was, of course, impossible to determine the degree of reactivity introduced by the observer (save concealing the observer or the observer's purpose). However, such clear differences were recorded in the behaviors between high and low performers that it may be concluded that if behaviors were exaggerated, they were all exaggerated in roughly equal degree. The surveys were probably a close second. The reason for this is that they were a known data collection method and they lend themselves well to large research undertakings where the actual collection of data must be delegated to marginally equipped researchers.

Archives. This approach is limited by the quality of the archives; the researcher can do little to overcome deficiencies in the records. The quality of the subproject maintained records varied and was in no instance absolutely reliable.

Interview. These added little to the information obtained through direct observation of work and supervision in the field. Part of that is owed to the problems of delegating the collection of qualitative data. Generally qualitative data should only be collected by senior researchers who will also analyze and interpret them. That is virtually impossible in large projects with tight time schedules. Consequently the interviewers were given general guides but the results obtained were not comparable and proved useful primarily in providing anecdotes or illustrations of findings obtained through other means. The interviews conducted by the senior researchers with subproject managers and volunteers were much more useful.

Focus groups. This provided the major diasappointment of the research methodologies. Two problems arose that limited the effectiveness of the focus groups. The first was in the selection of participants. Subproject field workers selected the participants for the eligible women focus groups which resulted in a curious and one-sided representation; the non-users selected for the focus groups by subproject workers were women who had ceased contracepting for reasons that had nothing to do with the quality of the services provided (spouse absent, infertile, etc.); these women were unlikely candidates to offer information on the failings of the program. The second reason was the inexperience of the researchers with the method. The researchers, none of whom had conducted a focus group before, may

not have been equal to the task of dealing with groups that were not what they had prepared before.

This is not to say that the focus groups were a total loss; information was obtained that provided useful corroboration of other data. They did not live up to expectations however.

### 3.2 SUBPROJECT SELECTION

In selecting subprojects for the research, the researchers attempted to strike a balance among the following criteria: The sites should represent both urban and rural projects. They should be unambiguously high or low performers; however, they should not be extreme cases and unrepresentative of other subprojects. They should not be new projects. And they should not enjoy special resource advantages that rendered them atypical.

The first and most enduring problem was the identification of high and low performers. An ambitious rating scale was developed to identify the high and low performers while controlling for factors such as the age and location of the projects. The performance factors considered were the following:

Contraceptive prevalence rate. The projects reported CPRs from a low of 8.3 to a high of 57.7 percent.

Couple years of protection. This was included to compensate for possible differences in methods adopted by couples in the subprojects; specifically it rewarded subprojects that had been effective promoters of sterilization. On a per active user basis the CYP varied from 1.16 years to 5.35 years. Active users per field worker was included to compensate for differences in the size of the outreach force that the subprojects could place in the field. The range was from 87 to 977.

Drop outs per field worker. The range extended from a low of 1.4 to a high of 43.3.

Cost per acceptor. This was calculated by dividing subproject operating expenses by the number of active users. The costs varied from \$1.90 to \$8.00.

These performance factors were controlled for the following:

Age of the project. The range was from 3 to 16 years.

Area size and ease of movement within the area. The subprojects were assigned to one of three levels of difficulty.

Presence of clinical facilities. In the belief that the presence of a clinic facilitated recruitment and retention of clients, the three subprojects without clinics were awarded a small bonus in the ratings.

Size of the pool of eligible couples per field worker. The number of potential clients ranged from a low of 753 couples per field worker in one subproject to a high of 2500 in another. An obvious problem with such a scheme is that it is easily influenced by the weights given to the individual factors. Despite this, the rankings arrived at by this process were nearly identical with the subjective ratings made by TAF management. This correspondence is not to argue for the supremacy of the subjective assessments or the futility of the systematic assessments; the close association in the results obtained by the two methods suggests that the results are reliable. The minor differences in the two rankings were resolved through discussions with TAF program managers. See Appendix A for the scoring at the subprojects.

#### 4. CLIENTS

##### 4.1 METHODOLOGY

Information was obtained from women in the areas served by the ten TAF subprojects through a survey and focus groups.

The survey was conducted in two urban and four rural subprojects; half of these were high performers, the other half low. In each subproject four survey sites were identified on the basis of the presumed representativeness of the site. Within each site a census of households was conducted and women were randomly selected from that census. Each cluster contained ten current users, ten prior users, and ten never users. The total sample was 720 respondents, equally divided among current, prior, and never users.

A focus group was conducted among non users in each of the same six subprojects in which the survey was conducted. From eight to ten women were selected for each group and a total of 46 women participated in the discussions. As noted above, the subproject field workers assisted in the recruitment of group participants. The extent of this assistance varied among the subprojects but resulted in atypical groups in at least two instances.

##### 4.2 RESEARCH FINDINGS

###### 4.2.1 Survey of Married Women of Reproductive Age (MWRA)

The purpose of the survey of MWRAs was to assess the impact of service variables on contraceptive use as well as reasons for dropout and non-use.

#### 4.2.2. Research Questions

The specific research questions addressed were the following:

- (i) coverage and frequency of visits to MWRAs by the subproject field workers;
- (ii) topics discussed during the visits;
- (iii) reasons for non-use of contraceptives;
- (iv) reasons for discontinuation of contraceptive use;
- (v) whether information on side-effects was provided by the field workers to MWRAs prior to use of a method;
- (vi) sources of supply of contraceptives;
- (vii) whether the MWRAs discussed problems; if so, with whom;
- (viii) measures taken by the person with whom the MWRA discussed her problems; and
- (ix) whether the MWRAs advised anyone else to accept family planning.

A structured questionnaire was used for data collection from the MWRAs. A copy of the questionnaire is found in Appendix-B.

#### 4.2.3. FINDINGS

Coverage and recency of visits to MWRAs. Home visits by family planning outreach workers to the MWRAs is usually regarded as an important component of community based family planning programs. MWRAs were asked whether they were ever visited by any family planning worker. Table-I shows that the proportion of MWRAs never visited was lower in high performing than in low performing subprojects. The percentage of MWRAs never visited was 7.8 in the high performing subprojects, 24.5 percent in the low performing subprojects. Among the categories of MWRAs, current users, dropout clients, and non-users, the proportion never visited was highest for the non-users, intermediate for dropout clients, and low for current users. These differences were particularly striking among the low performing projects where nearly half of the non-users had never been visited. The standard procedure TAF prescribed for its subprojects is to provide at least one visit to each MWRA every two months. As may be seen from the table, the proportion of MWRAs that were visited

at least once within the preceding two months was higher in the high performing than in the low performing subprojects. The percentage that was visited at least once during the last three months was 73.8 percent in the high performing subprojects, against 57.4 percent in the low performing subprojects. It appears that both high and low performers gave equal importance to visiting current users and drop outs (although the high performers did a better job) and tended to neglect the never users.

TABLE-1:  
REGENCY OF VISITS TO CURRENT USERS, DROPOUT CLIENTS AND NON-USERS BY HIGH AND LOW PERFORMING SUBPROJECTS

Recency of visit (in days)	High Performing						Low Performing			
	CU	DO	NU	Total	CU	DO	NU	Total		
00-30			55.8%	47.5%	40.8%	48.0%	52.5%	33.3%	29.2%	38.3%
31-60			22.5	21.7	13.3	19.2	15.0	13.3	7.5	11.9
61-90			5.0	5.8	9.2	6.7	7.5	9.2	5.0	7.2
91+			14.2	23.3	17.5	18.3	13.3	30.0	10.8	18.1
Never visited			2.5	1.7	19.2	7.8	11.7	14.2	47.5	24.4
Total			100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9a
N*		120	120	120	360	120	120	120	360	
Mean** (in days)			44.6	61.9	55.4	54.0	56.9	84.7	58.6	63.4

Total is less than 100.0 percent due to rounding.

\*

N in this table is total number of current users, dropout clients, and non-users.

\*\*

The mean is calculated for those who were ever visited; 105 days was used for all responses over 91 days.

Since the survey of MWRAs was conducted employing a quota sampling technique the findings may not be representative of the total population and, as such, caution should be taken in drawing conclusions based on these data. However, results of the non-users focus group discussions, field workers focus group discussions, and field workers observations are consistent with these findings.

Topics discussed during the last visit During field worker visits to the MWRAs the discussions reportedly centered on motivational attempts to recruit family planning acceptors, advice to switch to semi-permanent/permanent methods, and supply of contraceptives.

The motivational messages to adopt were more frequently mentioned by respondents in high performing than in low performing subprojects 65.7 percent versus 55.1 percent (Table-II). Additionally, mentions of FW arguments citing the 'urgency and need for acceptance of FP for health/economic reasons' were more frequently made in the high performing than in the low performing subproject areas.

**TABLE-II:  
PERCENTAGE DISTRIBUTION OF CURRENT USERS, DROPOUT CLIENTS AND NON-USERS, BY HIGH AND LOW PERFORMING SUBPROJECTS AND BY TOPICS DISCUSSED DURING THE LAST VISIT**

Topics discussed	High Performing	Low Performing
Motivation to adopt family planning	65.7%	55.1%
Urgency and need for acceptance of FP for health/economic reasons	14.2	3.7
Enquired about welfare of MWRA and her children	11.1	4.0
Merits of FP method	1.8	1.5
Side-effects of contraceptives	1.5	2.9
Advised to switch to semi-permanent/permanent methods	14.0	14.0

Contraceptive supply	10.2	21.0
Advised to eat nutritious food	9.0	3.7
Advice/arrangement for treatment of disease	5.4	5.1
Treatment of infertility	0.3	0.4
Other	2.4	8.5
N*	332	272

\*

N in this table is the total number of respondents having been visited by any FP worker.

The one category where low performing projects were higher was in discussions of supply. Perhaps in the absence of other topics, supply questions became the point of discussion.

Reasons for non-use. Some of these differences may be a consequence of the different patterns of home visits. Recall that low performing subproject FWs tended to neglect never users, hence there was less need to promote adoption. However, these disparities persist when each category of MWRA is examined, albeit in less stark contrast. 'Desire for additional children', 'objection by husband/relation', and 'religious reasons' were the most frequently mentioned reasons for non-use of contraceptives by the never users. Other reasons mentioned were 'health reasons' and 'fear of side-effects'.

There were minor variations between high and low performing subprojects. Only one of the differences, for breastfeeding, was large enough to achieve statistical significance ( $p < .01$ ). Bear in mind that in a list of fifteen comparisons drawn from samples, it is highly likely that at least one comparison will differ by a "significant" amount.

**TABLE-III:  
PERCENTAGE OF NON-USERS BY HIGH AND LOW PERFORMING SUBPROJECTS; REASONS FOR NOT USING ANY FAMILY PLANNING METHOD**

Reasons for non-use	High Performing	Low Performing
Desire for additional children	46.7%	53.3%

Objection by husband/in-laws	42.5	51.7
Religious reasons	17.5	11.7
Health reasons	14.2	13.3
Fear of side-effects	10.0	12.5
Husband staying elsewhere	3.3	-
Wife believed she was unable to conceive	0.8	1.7
Newly married	0.8	3.3
Non-availability of methods	0.8	2.5
Interval between conception usually large	6.7	-
Breast feeding	13.3	4.2
Post-partum amenorrhoea	9.2	6.7
Currently pregnant	-	3.3
Don't know/no reason	-	3.3
Other	2.5	3.3
-----		
N*	120	120
-----		

\*

N in this table is the total number of non-users reporting reasons for not using any FP method.

Reasons for discontinuation. 'Side-effects/perceived side-effects/fear of side-effects'; 'desire for children', and 'method failure' appear to be major reasons for discontinuing the use of contraceptives. 'Objection of husband' as a reason for discontinuation was also mentioned by respondents in both the high and low performing subprojects. Between the high and the low performing subprojects, only minor differences appeared in the reasons for discontinuation, none of which were statistically significant.

When the reasons are analyzed on the basis of when the client discontinued the same general pattern is observed with one variation : Nearly all of the clients in the low performing projects who cited non-availability of the FW dropped out in the

past year. This may suggest one of the reasons why there was a sudden jump in the drop out rate in these projects that year.

The rate of method failure or method misuse deserves comment. At least six percent of the couples using modern temporary contraceptives reported method failure. Note that this question was not addressed to half of the over users (those currently contracepting), so the total percentage may be much higher.

**TABLE-IV:  
PERCENTAGE OF DROPOUT CLIENTS BY HIGH AND LOW PERFORMING SUBPROJECTS  
SHOWING REASONS FOR DISCONTINUATION OF THE METHOD**

Reasons for discontinuation	High Performing	Low Performing
Side-effect/perceived side-effect/fear of side-effect	55.8%	48.3%
Desire for children	35.0	24.2
Got pregnant while using/ method failure	10.8	10.0
Objection from husband/ relation	6.7	9.2
Worker not available	4.2	7.5
Husband living elsewhere/ away	2.5	2.5
Other	4.1	0.8
N*	120	12

\*  
N in this table is the total number of dropout clients.

Sources of motivation. The current users and the dropout clients were asked who motivated them; the non-users were asked whether anyone attempted to motivate them and if so, who. In the high performing subprojects 85 non-users out of 120 (70.8 percent) replied that someone had attempted to motivate them, but the figure for the low performing subprojects was lower, 70 out of 120 (58.3 percent). Sources of motivation for all three groups are in Table-V.

For both high and low performing subprojects the single most important source of motivation was 'subproject worker or subproject clinic personnel'; the proportion who mentioned this source was higher for the high performing subprojects (75.7 percent) than for low performing subprojects (50.8 percent  $P < .01$ ). The next most important source of motivation was 'relation/neighbour/friend', mentioned in almost equal proportion, 30.0 percent, in both high and low performing subprojects. The slack appears to have been taken up somewhat in the low performing subprojects by government motivators who were cited by twice as many respondents in the low as in the high performing subprojects ( $p < .01$ ).

**TABLE-V:  
PERCENTAGE OF CURRENT USERS, DROPOUT CLIENTS, AND NON-USERS' SOURCES OF  
MOTIVATION FOR HIGH AND LOW PERFORMING SUBPROJECTS.**

Source of motivation	High Performing	Low Performing
Subproject worker/clinic personnel	75.7%	50.8%
Relation/neighbour/friend	29.1	30.7
Govt. FP worker/clinic (hospital) personnel	4.5	9.6
Other NGO	2.7	0.7
Radio/television	1.2	2.3
Self	1.2	4.0
Other	2.1	2.6
N*	337	303

\* N in this table is the total number of respondents who mentioned that anyone had attempted to motivate them.

Method mix. Since the survey employed a quota sampling technique, the method mix of current use as reported by the survey may differ from the method mix of the subproject found in subproject records for 1986. A presentation of method mix by subproject records and by survey results (Table-VI) reveals that the proportion of current users of temporary methods was higher in the high performing subprojects than in the low performing ones. Conversely, the proportion of current users of

permanent and semi-permanent methods was higher in low performing subprojects than in the high performing ones.

This finding may suggest that in the low performing subprojects more emphasis was given to permanent and semi-permanent methods than to temporary methods which yields lower rates of adoption; or the government and NGO sterilization promotion efforts appear stronger in the absence of effective promotion of temporary methods.

**TABLE-VI:  
COMPARISON OF METHOD MIX OBTAINED IN THE SURVEY AND THAT FROM THE SUBPROJECT RECORDS BY HIGH AND LOW PERFORMING SUBPROJECTS**

Method	High Performing	Low Performing
Sterilization		
Project record	18.1%	18.4%
Survey result	10.8	10.0
IUD and Injection		
Project record	16.8	20.6
Survey result	10.8	23.3
Sub-total		
Project record	34.9	39.0
Survey result	21.7	33.3
Oral Pill, Condom and Foam		
Project record	65.1	61.0
Survey result	76.7	62.5

Sources of supply. The sources of supply of contraceptives varied considerably between the high and the low performing subprojects. In the high performing subprojects the single most important source of supply was 'subproject worker/subproject clinic personnel' (79.9 percent), followed by 'pharmacy/general store' (10.5 percent); while in the low performing subprojects the corresponding figure for 'subproject worker/subproject clinic personnel' was significantly lower (63.6 percent) and slightly higher for 'pharmacy/general store' (13.6 percent). Notice in the low performing subprojects that nearly one-fifth (17.8 percent) of the current users obtained their supplies from 'Govt. FP worker/clinic (hospital) personnel', while the corresponding figure for the high performing subprojects was only 5.0 percent

(Table-VII). Much of this difference may result from the fact that most low performing subprojects are in the rural areas where clear cut demarcations of areas between GOB and NGO workers were not completed and the GOB program is stronger than in urban areas.

**TABLE: VII:  
PERCENTAGE OF CURRENT USERS AND DROPOUT CLIENTS BY HIGH AND LOW PERFORMING  
SUBPROJECTS AND BY SOURCE OF SUPPLY OF CONTRACEPTIVES**

Source of Supply	High Performing	Low Performing
Subproject worker/clinic personnel	79.9%	63.6%
Govt. FP worker/clinic (hospital) personnel	5.0	17.8
Pharmacy/General store	10.5	13.6
Other	5.0	5.1
N*	239	236

\*  
N in this table is the total number of current users and dropout clients using or ever using modern contraceptives.

Whether client discussed problems with anyone. The current users and the dropout clients that reported problems with a method were asked whether they had discussed their problems with anyone, and if so, with whom. Table-VIII shows that the proportion of respondents having discussed their problems with anyone did not differ significantly between the high (81.5 percent) and low performing subprojects (75.6 percent).

The women in the high performing subprojects were more likely to discuss method related problems with the 'subproject worker/subproject personnel' (72.6 percent) than in the low performing subprojects (59.6 percent). The proportion that mentioned 'relation/neighbour/friend' was higher for the low performing subprojects (20.8 percent) than for the high performing subproject (15.1 percent).

**TABLE-VIII:  
PERCENTAGE DISTRIBUTION OF CURRENT USERS AND DROPOUT CLIENTS BY HIGH AND LOW  
PERFORMING SUBPROJECTS SHOWING WHETHER DISCUSSED THEIR PROBLEMS WITH  
ANYONE AND IF SO WITH WHOM**

Whether discussed problems, and if so, with whom	High Performing	Low Performing
Yes	81.6%	75.6%
Subproject worker/clinic personnel	72.6%	59.4%
Govt. FP worker/clinic (hospital) personnel	8.5	9.4
Relation, neighbours, friends etc.	15.1	20.8
Private doctor/village doctor	4.7	6.3
Other NGO	1.9	4.2
Govt. doctor	6.6	3.1
Other	0.9	-
N*	18.5%	24.4%
No	130	127

\*

\*N in this table is the total number of current users and dropout clients reporting a problem using a contraceptive.

Measures taken to help solve the problems. The current users and dropout clients who had discussed their problems with anyone were asked what measures were taken by the person with whom they talked. Table-IX shows that the measures were limited mostly to providing advice for 'consultation with doctor/contacting subproject clinic', 'taking good food/sufficient drinks', 'switch over to other methods', and 'discontinuation of the method.

The FWs in the high performing subprojects seemed readier to refer the problem; advice to 'consult with doctor and contact the subproject clinic' was reported by a higher proportion of respondents (34.0 percent and 9.4 percent respectively) in the high performing than in the low performing subprojects (29.2 percent and 2.1 percent respectively). The low performing subproject FW was more likely to suggest switching or discontinuing the method.

**TABLE-IX:  
PERCENTAGE OF CURRENT USERS AND DROPOUT CLIENTS BY HIGH AND LOW PERFORMING  
SUBPROJECTS SHOWING MEASURES TAKEN BY THE PERSON INFORMED OF THE PROBLEM**

Measures	High Performing	Low Performing
Advice to take good food	30.1%	28.1%
Advice to drink soft drinks	17.0	12.0
Reassurance given that some of the problems were normal initial side-effects	6.6	15.6
Advice to consult doctor	34.0	29.2
Advice to contact the subproject clinic	9.4	2.1
Advice to switch to other methods	18.9	29.2
Advice to discontinue the method	13.2	22.9
Other	12.3	6.3
N*	106	96

\*

N in this table is the total number of current users and dropout clients who had discussed their problems with anyone.

Whether provided information on side-effects. Providing information on side-effects prior to providing supplies or service is considered helpful in reducing dropout rates. In the high performing subprojects 43.0 percent of the current users and dropout clients were informed of the side-effects prior to accepting a contraceptive; the corresponding figure for the low performing subprojects was lower at 31.1 percent. Further, what advance warning of side effects was given in the low performing subprojects was almost as likely to come from sources other than the NGO FW. In the high performing subprojects 73.5 percent of those informed were done so by the subproject workers, while the corresponding figure for the low performing subprojects was 53.4 percent (Table-X).

**TABLE-X:  
PERCENTAGE OF CURRENT USERS AND DROPOUT CLIENTS BY HIGH AND LOW  
PERFORMING SUBPROJECTS SHOWING WHETHER PROVIDED INFORMATION ON  
SIDE-EFFECTS PRIOR TO DISTRIBUTION OF CONTRACEPTIVES AND PERSONS  
PROVIDING THE INFORMATION**

Whether provided information on side-effects and person providing the information	High Performing	Low Performing
Yes	43.0%	31.1%
Subproject worker/clinic personnel	73.5%	53.4%
Govt. FP worker/clinic (hospital) personnel	1.0	6.8
Relation/neighbours/friends/ etc.	23.5	38.4
Other NGO	2.0	-
Other	2.0	1.4
No	57.0%	68.9%
N*	237	235

\*

N in this table is the total number of users and dropout clients currently or ever using modern contraceptives.

Whether the MWRAs advised anyone else to accept FP. It may be assumed that a field worker's efforts can be supplemented by a satisfied client if the worker can mobilize the support of her satisfied clients. All current and prior users were asked whether they had advised anyone to accept family planning. The proportion of ever users advising anyone to accept family planning was higher in the high performing subprojects (52.5 percent) than in the low performing subprojects (31.8 percent). When asked about whom they had advised to accept family planning, the vast majority of the respondents in both high and low performing subprojects mentioned their relations and neighbours.

Comparison of characteristics. A comparison of characteristics between the high and the low performing subprojects is presented below:

**CLIENTS**  
**TABLE-XI:**  
**SUMMARY COMPARISON BETWEEN THE HIGH AND LOW**  
**PERFORMING SUBPROJECTS**

Variables	High Performing	Low Performing
1. Coverage through home visits	Most MWRAs were covered through home visits.	Home visits were made principally to current users.
2. Recency of home visits	About two-thirds of the MWRAs were visited at least once during the last three months.	Slightly over one-half of the MWRAs were visited at least once during the last three months.
3. Motivational attempts	The FWs attempted to motivate nearly ninety percent of the non-users and dropout.	The FWs attempted to motivate less than seventy percent of the non-users and dropout clients.
4. Reasons for non-use and discontinuance	'Desire for children' and 'Fear of side-effects' as the reasons for non-use and dropout were mentioned by a comparatively lower proportion of non-users and dropout clients.	'Desire for children' and 'Fear of side-effect' as the reason for non-use and dropout was mentioned by a relatively higher proportion of non-users and dropout clients
5. Method mix	The proportion of temporary method users was relatively higher	The proportion of permanent and semi-permanent method user was relatively higher.
6. Sources of Supply	Subproject workers were the source of supply for nearly ninety percent of the current users.	Subproject workers were the source of supply for sixty percent, govt. FP workers for
Variables	High Performing	Low Performing

twenty percent and commercial sources for fifteen percent of the current users.

- |                                       |   |  |
|---------------------------------------|---|--|
| 7. Field workers motivational skills  | The FWs attempted to assess contraindications prior to method selection by new acceptors. (Discussed later) | Fewer attempts were made to assess contraindications prior to method selection by new acceptors. (Discussed later)               |
| 8. Explanation of side effects        | Side effects were explained prior to method selections.   | Side effects were infrequently explained prior to method selection.  |
| 9. Instructions on method use.        | Directions to use contraceptives were properly given. (Discussed later).                                    | Proper directions on use of contraceptive not always given. Some workers did not give any information on use. (Discussed later.) |
| 10. Solution to problems              | More MWRAs were advised to consult the doctor/contact subproject clinic                                     | Apart from advice to consult doctor/contact subject clinic workers were more likely to advise a method change or discontinuance. |
| 11. Utilization of satisfied clients. | Half of the users advised others to accept family planning.   | One-third of the users advised others to accept family planning.   |
- 

#### 43 FOCUS GROUP RESULTS

4.3.1 Data Collection. First a reminder that the method of selecting participants for the six focus groups of 8-10 participants each was contaminated. In some of the projects it appeared obvious that the field workers had selected participants who could be relied upon to provide information favorable to the project. This showed up in the discussions where there was often strong support voiced for family planning as well as for the subproject. For example there were assertions that the field worker made fortnightly home visits -- probably a "motivated" response, given the other information available.

4.3.2 Comparison of high and low performing subprojects. No certain distinctions could be pointed to in the discussions held in the high and low subprojects; the responses were fairly

consistent (discounting the biased responses); the results were also in agreement with those from the survey; there was roughly the same level of knowledge about methods as found in the survey, the sources of information were the same, and the age and parity of the participants in the focus groups was similar to that of the survey respondents.

4.3.3 Findings. The value of the focus groups lay in the insights they provided into the women's beliefs and attitudes about family planning:

Family planning was seen as indistinguishable from contraceptives. Family planning was not a set of beliefs about family size, birth spacing, or health maintenance. It was a device or supply that signaled an end or interruption of fertility -- commonly the former. To illustrate how limited this view was, the most philosophical statement was, "Family planning is good. It gives good health and helps make a small family. A large family is a problem." Such attitudes among non-users pose a special challenge to programs. Fertility regulation was apparently seen in very restricted terms and was not tied into a larger view of one's own health and role, the welfare of the family, or the well-being of the children. Bear in mind that these were non-users presenting this view.

Family planning also tended to be mentioned in normative terms: it is good; it is bad. This is perhaps consistent with the observation that it is a product, or at best an act, that can be easily evaluated, rather than personal beliefs and behaviors which must be evaluated within a fairly complex context. The discussion revealed that the women held multiple reasons for not adopting method. The presentation of survey results citing a "principal" reason may be misleading. Women cited religious questions about contraception, the long term effect on health, fear of side effects, the reaction of relatives -- especially the husband, a desire to bear more children, and so on. Freud observed that human behavior is over-determined; the responses offered bespoke multiple determinants.

The objection of the husband was a ubiquitous concern and over half of the women raised this. Probing revealed that the husband's objection was usually grounded in religious opposition to contraception. Religious opposition itself was an issue that divided the women. A spectrum of responses was provided:

- it is a problem for other people, not me.
- it is a problem for me because of my husband,
- it is a preoccupation of mine,
- it absolutely precludes my adopting a method.

The most extreme expression of religious opposition was this:

"Family planning is very bad. Doing family planning is against the will of God and an acceptor is not supposed to be buried after death in accordance with the religious rites usually performed for a pious Moslem." Religion was an issue that all of the women seemed aware of.

Similarly, the possibility of side effects was a question that all of the women had considered and formed an opinion about. Some were very fearful, "People say because of family planning many become fat: many others fall sick; some even die from complications."

When asked to suggest improvements in the subprojects that would lead to higher acceptance rates, most of the discussants mentioned the provision of free medicines at the clinic. "The family planning workers talk of methods only; they want us to use some method. But they don't arrange for our treatment when we fall sick, nor do they provide any other assistance except supplies of contraceptives." Before this is interpreted as support for integrating family planning with general health care recall that none of these women were practicing family planning; presumably they all foresaw a need for medical attention.

## 5. FIELD WORKERS

### 5.1 Purpose

The purpose of the field worker observations was to identify consistent differences in the activities of more and less successful field workers and between those in the high performing and low performing subprojects.

### 5.2 Research Questions

The following research questions were addressed:

- i) pattern of home visitations;
- ii) average time spent with each MWRA;
- iii) field worker's relation with MWRAs;
- iv) techniques applied to motivate non-users;
- v) techniques applied to identify contraindications;
- vi) appropriateness of information on side-effects;
- vii) appropriateness of instruction on use of method;
- viii) adequacy of supply of contraceptives;
- ix) appropriateness of answers to problems raised;

- x) appropriateness of discussions with dropout clients;
- xi) whether discussed MCH, immunization, and nutrition; and
- xii) whether discussed any other relevant subject.

### 53 DIRECT OBSERVATIONS

Four field workers in each of the ten selected subprojects were observed for two days while on the job. In each subproject two of the field workers were selected from among those who had better than average performance, while the other two were below average. The field worker observation was conducted in two phases. In the first phase the PI and the COPI observed two field workers each. During these initial observations the junior researchers were included in the team in order to train them. At the end of each day's observation key issues were discussed with the junior researchers. Following each day's research the field work observation instruments and techniques were modified as needed. For example, on the first day, field worker interviews were conducted prior to conducting the field work observations. As a result, it appeared that the field workers were alerted to issues discussed during the interview which might influence their field work. Consequently this approach was revised and worker interviews were conducted after observation of the field work. The system of recording observations was also revised. Initially the observers took notes on loose sheets for each home visit by the field worker. The field worker appeared to become self-conscious about her performance and in some cases expressed concern that the MWRA might conclude that the field worker was being supervised. To avoid feeling this and to make the field workers less conscious of what the observer was doing, the loose pages of observation sheets were bound in a spiral book and the observers were instructed to use those as if they were keeping their own work records and to make all entries after the visits. In addition, the content of the observation guidelines was progressively modified.

The field work observer recorded the observations for about ten MWRA contacts per worker per day. Thus, a total of 693 contacts were observed and recorded for 40 workers in 10 subprojects. The field work observation team consisted of one male supervisor and two female observers. Each female observer observed two field workers in each subproject. At the end of two days of observation of each field worker the observer prepared a summary of the observations in the field work observation book where a format and a few note sheets were provided to write the summary of observations and comments.

In any given subproject the observer who observed a more successful worker did not observe a less successful worker and vice versa.

### 5.3.1 Instruments used.

The basic instrument was a guideline for recording the results of contacts between field workers and MWRAs. Although the field worker visited many households, the observers were directed to record observations of no more than ten contacts. Discussions between the field worker and the MWRA were often brief and since it was not advisable to record fully the observations during the home visit it was necessary to skip some cases in order to record observations and comments.

A copy of the guideline for field worker observation is Appendix-D, while the guideline for the summary of field worker observations is Appendix-E.

A guideline was also used for field worker interviewing; that guideline is Appendix-F.

### 5.3.2 Research subjects

Even though the primary focus of observation was the field worker's performance during home visits the MWRAs visited by the field workers were also considered as research subjects. Thus, the women visited were also considered as research subjects and the discussions that took place were not viewed only from the FW's perspective.

## 5.4 RESULTS

Home Visits. Between the high and low performing subprojects certain commonalities were observed in the pattern of field visitations. Notably, most visits were made to current users to resupply them, less attention was given to dropout clients, and low coverage was provided to non-users.

As may be seen in Table- XI, in the high performing subprojects almost four-fifths of the MWRAs visited were current users, although the overall proportion of current users, on average in these subprojects was not over 37.0 percent (according to project records). Similarly, in the low performing subprojects two-thirds of the MWRAs visited were current users, while the average rate of current use was 24.0 percent according to project records. The single most important purpose of the visits to current users was resupply of contraceptives.

The percentage of dropout clients visited was 8.4 in the high performing subprojects, 6.3 in the low performing subprojects. The average actual percentage of dropout clients was much higher

in all of the subproject areas. The observers reported that in the low performing subprojects field workers often failed to answer problems raised by dropout clients. As, examples supply interruptions and method failures were not addressed satisfactorily by the workers in the low performing subprojects.

The percentage of non-users visited was 13.7 in the high performing subprojects, and nearly double that at 25.1 percent in the low performing subprojects. Although visits to non-users appear to be lower in the high performing subprojects, the actual difference might be smaller considering the relatively smaller proportion of non-users in the high than in the low performing subprojects. The most secure conclusion is that coverage of non-users was inadequate in all subprojects. This is supported by the finding that 17.1 percent of non-users visited were recruited as new acceptors during the field observation visits in the high performing subprojects and 26.3 percent in the low performing subprojects; this bespeaks easily tapped unmet demand. The field observers reported that coverage of non-users was manifestly inadequate in the low performing subprojects. For example, MWRA's came out in to the street and demanded contraceptives from the field workers in the low performing subprojects and "humorously" blamed the workers for not coming regularly.

Time spent with each MWRA. The time spent with each MWRA by a field worker varied widely from less than a minute to 45 minutes; the average time spent with each MWRA was 6.9 minutes in the high performing subprojects and 6.5 minutes in the low performing subprojects.

Relation with MWRA. The observers were instructed to evaluate the quality at the FW-MWRA relationship liberally. On that basis, except for 1.7 percent in the high performing subprojects and 2.8 percent in the low performing subprojects, the field workers have 'good' or 'very good' relationships with the MWRAs.

Techniques applied to motivate non-users. Evaluation of the appropriateness of techniques used to motivate adoption was for field worker contacts with non-users only. Again employing liberal criteria, motivation techniques were judged appropriate in 63.4 percent of the observations in the high performing subprojects; the corresponding percentage was insignificantly lower at 61.4 percent in the low performing subprojects. No attempt at motivation was observed in 2.4 percent of the contacts in the high performing subprojects, while it was higher at 10.1 percent in the low performing subprojects (concentrated in a single subproject).

Identifying Contraindications. Observations on the thoroughness with which contraindications to contraceptives were identified were judged appropriate in 57.1 percent of the contacts with new acceptors in the high performing subprojects, while it was

strikingly lower at 7.7 percent in the low performing subprojects. No attempt to identify contraindications was made in 42.9 of the contacts in the high performing subprojects; it was almost double at 73.1 percent in the low performing subprojects.

Information on side-effects. Observers recorded whether information on side-effects was given to the new acceptors prior to their selection of a contraceptive. Table-XI shows that adequate information on side-effects was provided to 71.4 percent of the new acceptors in the high performing subprojects; the corresponding figure for the low performing subprojects was strikingly lower at 26.9 percent.

Instruction in use of method. Observations were also made on the appropriateness of the instructions on use of methods supplied to the new acceptors. In the high performing subprojects 57.1 percent of the new acceptors were provided with appropriate instruction on the use of the method; the corresponding proportion for the low performing subprojects was lower at 46.2 percent. It is important, however, to note that in both the categories of subprojects no effort was made to give instruction on use of method to 43 percent of the new acceptors.

Message delivered. The observers noted that the higher performing field workers tended to vary the message they delivered considerably more than the lower performers. This appeared to be in response to the perceived interests of the woman visited. For example, if MCH was mentioned at all, it tended to be in homes where small children were present. The lower performing field workers often seemed at a loss about what to say and would fall back upon inquiry about the status of supplies.

Supply of contraceptives. The supply of contraceptives was judged adequate for almost all of the current users in both categories of subprojects.

Answers to problems raised. The observers were instructed to rate the appropriateness of answers given to problems raised by current users. In the high performing subprojects three-fifths of the current users raised no problems, while the corresponding figure for the low performing subprojects was higher, three-fourths. This difference may suggest that women place greater trust in the field workers in the higher performing projects. When problems were raised, the high performing subproject FWs did a somewhat better job of handling them.

Discussions with dropout clients. Appropriateness of discussions with the dropout clients was evaluated in terms of whether the clients mentioned any problem or whether the field worker took the initiative to motivate the dropout clients to resume use.

The discussion with the dropout clients was rated 'poor' for 16.0 percent in the high performing subprojects, while the corresponding proportion in the low performing subprojects was double that at 32.0 percent. Overall the high performing subprojects appeared to do marginally better in this area. Discussion of MCH, immunization, and nutrition. The field workers are instructed to educate mothers on MCH and other health aspects, such as immunization of mother and children, nutrition, etc. Although it may not be necessary to discuss these topics with all clients, a surprisingly high 73.9 percent of the contacts in the high performing subprojects and still higher 84.0 percent in the low performing subprojects included no discussion of MCH, immunization, or nutrition.

**TABLE-XII:  
RESULTS OF WORKER OBSERVATION BY HIGH AND LOW PERFORMING SUBPROJECTS**

Variables and measures	High	Low
<b>Category of MWRAs</b>		
Non-user	13.7%	25.1%
Dropout client	8.4	6.3
Current user	77.9	68.5
<hr style="border-top: 1px dashed black;"/>		
Average time spent with each MWRA (in minutes)	6.9	6.5
<hr style="border-top: 1px dashed black;"/>		
<b>Relation with MWRA</b>		
Very good	11.4%	4.1%
Good	87.0	93.1
Bad	1.7	2.8
<hr style="border-top: 1px dashed black;"/>		
<b>Techniques applied to motivate non-users</b>		
Appropriate	63.4%	61.6%
Somewhat appropriate	19.5	22.2
Poor	14.6	6.1
No attempt	2.4	10.1
<hr style="border-top: 1px dashed black;"/>		

Variables and measures	High	Low
<b>Techniques applied to identify contra-indications</b>		
Appropriate	57.1%	7.7%
Somewhat appropriate	0.0	11.5
Poor	0.0	7.7
No attempt	42.9	73.1
<b>Information on side-effects</b>		
Appropriate	71.4%	26.9%
Somewhat appropriate	0.0	0.0
Poor	0.0	0.0
No information	28.6	73.1
<b>Instruction on use of method</b>		
Appropriate	57.1%	46.2%
Somewhat appropriate	0.0	7.7
Poor	0.0	3.8
No information	42.9	42.3
<b>Supply of contraceptives</b>		
Adequate	96.6%	6.7%
Inadequate	1.7	1.5
Oversupplied	1.7	1.9
<b>Answers to problems raised</b>		
Appropriate	25.3%	15.6%
Somewhat appropriate	9.4	5.6
Poor	1.3	2.2
No problem raised	63.9	76.7
<b>Discussion with dropout clients</b>		
Appropriate	44.0%	40.0%
Somewhat appropriate	40.0	28.0
Poor	16.0	32.0

Variables and measures	High	Low
Discussion on MCH, immunization and nutrition		
Appropriate	10.7%	3.3%
Somewhat appropriate	11.7	9.9
Poor	3.7	2.8
No discussion	73.9	84.0
Whether discussed any other relevant subject		
Yes	36.8%	36.8%
No	63.2	63.2

A consistent picture begins to emerge from these observations. While many things were done in similar fashion in the high and low performing subprojects, such as coverage of clients and length of home visit, some differences appear as well: The field workers in the higher performing subprojects were more likely to attempt to motivate a non-user, much more likely to screen her for contraindications and provide her with information on side effects before settling on a method, and slightly better at educating her on correct method use once a method had been accepted. The clients in the higher performing subprojects areas more often brought their problems to the FW and when they did so the response was judged slightly better than in the low performing subproject areas. The field worker in the higher performing areas also did a marginally better job in talking with drop outs and in providing health education to mothers.

While the pattern of superior outreach service appears clear in the higher performing areas, in no subprojects was it perfect. Too much attention was paid to current users at the expense of non-users; screening for contraindications was performed in half the cases in the best situation; instruction in correct method use was also given to only half of the new acceptors; and health education was infrequently provided in any subproject. Thus, while the better projects can take pride in their comparative superiority, all of the subprojects had a long way to go in improving service.

The following table incorporates additional findings into those reported above.

**FIELD WORKERS**

**TABLE XIII: SUMMARY COMPARISON BETWEEN HIGH AND LOW PERFORMING SUBPROJECTS**

Variables	High performing	Low performing	
1. Relationship WRAs	Very close and cordial, except in one sub-project.	Close and cordial, except in one sub-project where workers could not properly identify clients.	M
2. Education and motivation	Covered wide aspects of health, economics, and family planning.	Covered aspects of health, economics, and family planning but not in detail.	
3. Contra-indications	Contraindications were assessed for majority of new acceptors prior to decision on a contraceptive.	For most new acceptors contraindications were not assessed prior to decision on a contraceptive.	
4. Side-effects	Three-fourths of the new acceptors were provided with information on probable side-effects of contraceptives prior to deciding.	Three-fourths of the new acceptors were not provided information on probable side-effects of contraceptives prior to deciding.	
5. Instruction on method use	Majority of the field workers discussed details on method use when to take, how to take and what to do in case a pill is not taken one day.	Majority of workers did not give instructions on how to take oral pills.	
6. Contraceptive supplies	Correct amount of contraceptives were given to current users.	In supplying the contraceptives the workers were relatively less meticulous. In some subprojects workers gave extra or short supply.	

Variables	High performing	Low performing
7. Solutions to problems raised	Workers were found more confident and rational in suggesting solutions to problems raised by the clients. Similarly, the field workers' discussions with the MWRAs were judged more rational and logical.	Field workers were not found competent or convincing in telling client what to do regarding side-effects. In many instances the workers suggested a method change, perhaps without understanding the rationale for a change.
8. Discussion with dropout clients	Discussions were appropriate for most of the dropout clients. Reasons for dropouts were primarily to have additional children.	Discussions were not appropriate for at least one-third of the dropout clients. Dropouts were often due to side-effects and method failures.
9. Discussion of MCH	At least one-fourth of the workers discussed some aspects of MCH with the MWRAs. Their knowledge on MCH was relatively better.	Field workers hardly ever discussed MCH related subjects with the MWRAs. Workers knowledge of MCH subjects was fairly poor.
10. Message delivered	FW tended to vary message according to perceived needs of woman visited.	Little variety in the messages given by the FW.

## 5.5 WORKER FOCUS GROUP DISCUSSIONS (FGDS)

### 5.5.1 Purpose

The purpose of the FGDS with the field workers was to assess their commitment to their job, perception of the project goals and of how to boost productivity, and their overall job satisfaction.

### 5.5.2 Research Questions

Information on the following were collected through the FGDs:

- (i) status and specific sources of training;
- (ii) level of job related knowledge;
- (iii) perception of the problems encountered during field work;
- (iv) interactions between workers, supervisors, and management staff;
- (v) suggestions on how to boost productivity;
- (vi) dedication to job; and
- (vii) job satisfaction.

### 5.5.3 Data collection method.

Four FGDs of 6-8 field workers each, two in the high performing subprojects and two in the low performing subprojects were conducted. The workers were selected randomly and had equivalent performance records. The FGD sessions were conducted jointly by the PI and the COPI -- one worked as the moderator, while the other as the recorder. Although detailed notes were taken by the recorder, most of the discussions were tape recorded. Play back of the recordings in the office allowed clarification of points where the notes were not sufficient.

Strict confidentiality was maintained in organising the FGD sessions. It appeared that the participants were confident that secrecy would be maintained. Tape recording was done with the permission of the participants.

### 5.5.4 Instruments used

A guideline was used for conducting the worker FGDs, a copy of which is Appendix-G.

## 5.6 FINDINGS

Workers Training in Family Planning. Workers who participated in the FGDs had both in-house and institutional training in family planning. Recall of the content tended to be general. "Contents of the training included subjects like how to do field work, how to motivate clients for acceptance of family planning, how to establish good relationships with potential users of family planning methods, and how to plan field work".

Level of Knowledge of Side-effects, Contra-indications, etc. In general, the field workers lacked in-depth knowledge of family planning. When explaining the virtues of family planning to the MWRAs, the FWs said they usually mentioned the health and economic benefits that came from practicing family planning. In explaining family planning they said: "A small family is a happy family. The family can have enough food and clothes for everybody and each member can enjoy good health."

A sizeable proportion of the workers in the groups appeared to be ignorant of the processes of how different contraceptive methods prevented conception and answers offered by a few would have been humorous had they come from someone other than a family planning worker. While this lack of knowledge of contraceptive technology does not constitute a danger to clients, it must limit the capacity of field workers to provide reassurance and counselling to clients. Similarly, the majority of the participants seemed to lack basic knowledge on the human reproductive system. Most did know that conception occurred when an egg was united with sperm.

In general, the FWs lacked sufficient knowledge about contraindications and side-effects. They seemed to know little about contraindications and side-effects of the pill. About the contraindications to other methods, especially clinical methods, the vast majority of the FWs appeared to have little or no information. Knowledge of side-effects was also not very clear. Comparing the workers in the high and the low performing subprojects, knowledge of contraindications and side-effects was relatively better in the high performing than in the low performing subprojects.

Perception of Problems Encountered during Field Work. The majority of the participants reported difficulties in their work, but the nature of the difficulties differed between the urban and the rural workers. In the rural subprojects, the participants said they faced relatively more resistance from clients' husbands or mothers-in-law. In addition, to give adequate coverage to the assigned area, the FWs had to travel long distances. In the urban subprojects, some FWs complained that travel expenses to and from the place of work were too high.

Interaction Between Workers, Supervisors, and Management Staff. As reported by the participants in the FGDs, the workers and their supervisors interacted more or less on a continuous basis. In some subprojects the supervisors met their FWs every morning at a designated place in the subproject area. Other supervisors met their workers while supervising their work in the field and when the field workers assembled in the subproject office in weekly meetings. Among the management staff the Project Director and, in some subprojects the Senior Supervisors, normally met with the field workers in weekly meetings. The FWs

said they usually received adequate assistance from the supervisors and the management staff.

FWs in the high performing subprojects seemed to express more positive attitudes towards the supervisors and management than those in the low performing subprojects.

Suggestions on How to Boost Productivity. For improvement of subproject effectiveness, the participants recommended extensive training for the FWs on family planning and MCH. Many among the participants thought that training would help improve subproject effectiveness. There appeared to be little difference between the high and the low performing subprojects on this point.

Commitment to Job. Most FWs in the high performing subprojects appeared to be committed to their job and devoted to achieving the project's goals. Commitment to the job was lower among some FWs in the low performing subprojects.

Perception of their Job Status/Satisfaction. The participants, in general, seemed to be proud of their jobs. They felt important because their jobs in the subproject helped them achieve self-reliance and a responsible position in their families. Interestingly, understanding of their status was clearer among the FWs in the high performing than in the low performing subprojects.

## 5.7 WORKER CHARACTERISTICS

### 5.7.1 Purpose

The purpose of the worker characteristics analysis was to ascertain whether the personal characteristics of the field workers bore any relationship to the overall performance of a subproject.

### 5.7.2 Specific Characteristics

The following specific characteristics were taken into consideration for the analysis:

- (i) age;
- (ii) education;
- (iii) length of service;
- (iv) duration of training; and
- (v) client/worker ratio

### 5.7.3 Data Collection Method

Information on the above characteristics was collected from subproject records. In addition, data collected through the field worker interviews were also analysed. In some subprojects

information on characteristics, such as duration of training and number of training courses attended by each worker was not readily available. Some subprojects could not give worker/couple ratios due to the changes they were making for their expansion programs.

#### 5.7.4 Instruments Used

The instruments used for collecting general information contained provisions for collection of data on worker characteristics. Also the questionnaire used for worker interviews had specific questions on background characteristics. A copy of the instruments for collection of general information from the subprojects is Appendix-H.

### 5.8 FINDINGS

Although there are a large number of personal characteristics which directly and indirectly influence worker performance, only a limited number of characteristics have been considered here. The selected characteristics are age, education, duration of training received, length of service in the subproject, and work load per worker (number of couples to be serviced by a worker). It was assumed that TAF policies were uniformly adhered to concerning salary levels.

Age. The field workers in the high performing subprojects were slightly younger than in the low performing subprojects. It might be speculated that the younger workers were capable of maintaining a more strenuous field work schedule, that they were more regular in visits to the assigned couples, and that older workers may have had more obligations or responsibilities in their homes as compared to their younger counterparts. However, since the mean age of the workers of the high performing subprojects was 26.8 years, compared to 29.5 years in the low performing projects, this slight difference may play a small role at best in explaining the performance differences. The workers in a low performing urban subproject had the lowest mean age, but this might be because younger women were available for working for the subproject in the urban areas. On the other hand, a rural subproject had the oldest workers which might be due to the fact that young women in conservative rural areas are not available to work for the subproject.

Education. The educational background of the workers reveals no association with the performance of the subprojects. The mean number of years of education was 9.3 years in the high performing subprojects while it was 9.1 years in the low performing subprojects. The average education level of one of the high performing subprojects was the lowest, 7.2 years of schooling. Educational level may have competing effects. Workers with more education should be more knowledgeable and efficient in

performing their field activities. They are expected to be more effective in motivational work, more knowledgeable about contraindications and side-effects, and to have a better overall understanding of their job. The sum of these factors should result in higher performance. On the other hand less educated workers have an advantage; the social distance between them and their often illiterate clients should be less.

Duration of training. The average duration of training was 13.7 days in the high performing subprojects; it was lower at 8.3 days in the low performing subprojects. This association between duration of training and subproject performance supports the FWs' request for additional training.

Client worker ratio. The work load of a FW should have a definite relation to the level of performance. However, it is difficult to draw any conclusions about that relationship from the results. For example, a high performing subproject had the highest number of couples per worker and a low performing subproject had a reasonably low client-worker ratio. This outcome should have been expected: success brings an increased number of clients.

Length of service. The workers of a high performing subproject had the highest average length of service, 3 years, and a low performing subproject had the lowest average length of service of workers, 1.3 years. However, the average years at another high performing subproject was close to the lowest one, contradicting the obvious associations.

Summary. The search for clear associations between worker characteristics and worker performance produced a mixed bag at two levels of analysis: by comparisons of high and low performing projects and by comparisons of high and low performing workers within projects. One clear predictor of high performance did emerge, however, from interviews with project staff and direct observation: the most dedicated and productive field workers were those women who had families and who were the sole support of their families. Perhaps driven by powerful economic necessity these women worked longer hours, despite the competing demands on their time, and worked more productive hours in terms of clients recruited and retained, than did their colleagues.

## 6. SUPERVISORS

### 6.1 PURPOSE

The purpose of the supervisor observations and interviews was to identify differences between supervisors of relatively more successful and less successful subprojects and to identify the characteristics of "well liked" supervisors.

## 6.2. RESEARCH QUESTIONS

The following research questions were addressed through the field worker observations and interviews:

- (i) extent and quality of on the job contacts between supervisor and worker;
- (ii) quality of supervisory checks on the worker's record keeping;
- (iii) whether the supervisor checked stocks of contraceptives held by users;
- (iv) whether the supervisor verified the worker's efforts to identify contra-indications;
- (v) whether the supervisor checked the worker's attempts to discuss MCH, immunization, nutrition, and other health aspects;
- (vi) whether the supervisor discussed any other relevant aspects; and
- (vii) strengths and weaknesses of the supervisor.

## 6.3. DATA COLLECTION METHODS

Two supervisors in each of the ten selected subprojects, one from a higher performing area than the other, were observed for two days while on the job. The supervisor observation and the field worker observation were conducted simultaneously. The leader of the observation team observed the supervisor, while the other two members observed the workers. At the end of two days' observations the supervisor was interviewed.

## 6.4. INSTRUMENTS USED

The basic instrument for supervisor observation was a guideline for recording the results of observations during the field visits. A copy of the guideline for supervisor observation is Appendix-I. The guideline used for supervisor interviews is Appendix-J.

## 6.5. FINDINGS

Worker-supervisor contact on the job. Assessment of worker-supervisor contacts on the job began by ascertaining whether the supervisor followed any schedule in making supervisory visits,

whether (s)he attempted to visit the worker on the job, and whether (s)he actually located the worker during the supervisory visits. As may be seen in Table-XII, the proportion of field workers not contacted in the field by the supervisor was 60.0 percent in the low performing subprojects, while it was much lower at 25.0 percent in the high performing subprojects.

The interviews revealed that in the low performing subprojects the supervisors were less interested in observing the field workers on the job; in the high performing subprojects the supervisors wanted to locate the workers and observe them working with clients.

Quality of supervisory checks on the workers' record keeping. The researchers tried to observe the quality of supervisory checks on the records maintained by the workers. There was little difference between the high and the low performing subprojects in terms of the thoroughness of the checks on the records of the workers although the observers reported that the high performing subproject supervisors were marginally more thorough.

Supervisors check of the stock of contraceptives held by current users. Except for 10.0 percent of the supervisors in both high and low performing subprojects all of them checked the stock of contraceptives held by current users. The quality of checking was judged to be relatively better in the high performing subprojects than in the low performing ones.

Supervisors check on the worker's screening for contraindications. In the workers observation it was found that the proportion of workers attempting to identify contraindications was much lower in the low performing subprojects than in the high performing ones. Observation of the supervisors revealed a similar results the percentage of supervisors who checked whether the workers had identified contraindications was only 20.0 percent in the low performing subproject while it was much higher, 60.0 percent, in the high performing subprojects.

Supervisors check on the workers' discussions of MCH, immunization, nutrition, and other health aspects. In the observation of workers it was found that high performing subproject FWs were more likely to provide health education. This was reflected in the observation of supervisors where 60.0 percent in the high performing subproject supervisors checked this against only 20.0 percent in the low performing subprojects.

Supervisor discussions of other relevant aspects. The percentage of supervisors who discussed other relevant aspects with the MWRA's or workers was 60.0 in the high performing subprojects it

was only 15.0 percent in the low performing subprojects. This difference did not appear during the FW observations.

Strengths of the supervisor. Asked to make an overall performance assessment of the supervisors, the observers responded that all the supervisors observed in the high performing subprojects demonstrated either "substantial merit" or "some merit" in their supervisory work, while the corresponding proportion in the low performing subprojects was 75.0 percent. One-fourth of the supervisors in the low performing subprojects had either "very little" or "no merit."

Weaknesses of the supervisor. According to the observers, three-fourths of the supervisors in the low performing subprojects were very weak in carrying out their supervisory duties; the corresponding percentage in the high performing subprojects was lower at 20.0.

TABLE-XIV:  
SUPERVISOR OBSERVATIONS BY HIGH AND LOW PERFORMING SUBPROJECTS

Variables and Measures	High	Low
WHETHER FW WAS AVAILABLE	N=20	N=20
Yes	60.0%	40.0%
No	25.0	60.0
Started together	10.0	-
Other	5.0	-
CHECKING OF DAILY LOG		
Thorough	50.0	65.0
Adequate	35.0	25.0
Poor	15.0	10.0
CHECKING OF CONTRACEPTIVE STOCK		
Thorough	70.0	55.0
Adequate	10.0	35.0
Poor	10.0	-
Not checked	10.0	10.0
CHECKING OF DISCUSSION ABOUT CONTRAINDICATION		
Thorough	10.0	-
Adequate	40.0	20.0

Variables and Measures	High	Low
Poor	10.0	-
Not checked	40.0	80.0
<b>CHECKING OF DISCUSSION ABOUT MCH</b>		
Thorough	10.0	-
Adequate	25.0	-
Poor	25.0	15.0
Not checked	40.0	85.0
<b>WHETHER DISCUSSED ANY OTHER ASPECTS</b>		
Yes	90.0	50.0
No	10.0	50.0
<b>STRENGTHS OF THE SUPERVISOR</b>		
Substantial merit	65.0	60.0
Some merit	35.0	15.0
No merit	-	25.0
<b>WEAKNESSES OF THE SUPERVISOR</b>		
No weakness	20.0	-
Some weaknesses	60.0	25.0
Very weak	20.0	75.0

Summary Comparison of supervision. A comparison of the supervision between the high and the low performing subprojects is presented below. Additional information has been incorporated.

**SUPERVISION**  
**TABLE-XV: SUMMARY COMPARISON BETWEEN HIGH AND LOW PERFORMING SUBPROJECTS**

Variables	High Performing	Low Performing
1. FW's presence in the field	The FWs being supervised were found visiting clients in their respective areas. In two subprojects two FWs were, however, not present in the field during supervision be-	Relatively few supervisors worked directly with the FWs during supervision; either the supervisor could not or did not find the FW.

Variables	High Performing	Low Performing
	cause they were at the weekly meeting in the subproject office	
2. House visits	On average, each supervisor visited 15.4 households during the two days of supervisor observation.	On average, each supervisor visited about 10 households during the two days observation.
3. Checking cards	Almost all the supervisors checked and compared FW's entries in the FP cards.	Except in one subproject supervisors checked and compared FW's entries in the cards.
4. Checking of contraceptive	The supervisors invariably attempted to ascertain each client's stock of contraceptives.	Supervisors did a less thorough check of the supplies physical stock of clients' contraceptive supplies.
5. FWs discussions with clients regarding contra-indications, side-effects, and method use	The majority of the supervisors were attentive to client concerns about side-effects of contraceptives they suggested suitable solutions to problems raised by the clients	The supervisors did not check whether their FW's had discussed side-effects with the clients or ascertained clients contraindications to methods.
6. Discussion of MCH related topics	The majority of the supervisors discussed, occasionally, MCH topics with the MWRAs and checked whether the FW had discussed these.	Only a few of the supervisors discussed MCH topics with the clients.
7. Positive aspects of supervisory work	Generally, the supervisors appeared to be hard working, tactful, and amiable; they were knowledgeable about - contraceptive use-effectiveness, their contraindications	The supervisors demonstrated few of the positive supervisory aspects of the supervisory work observed among the supervisors in high performing

Variables	High Performing	Low Performing
	and side-effects, and they had a definite plan of action to follow.	subprojects.
8. Sex	Most of the supervisors were females.	The majority of the supervisors were males.
9. Improving FWs efficiency	The supervisors and the FWs maintained better communication with each other and discussed field problems with a view to finding practical solutions.	Generally the supervisors seemed unaware that they had a role in improving performance.

The correspondence in findings between the behavior of field workers and their supervisors is striking. With the exception of general health education, the emphases placed by the supervisors during their supervisory visits was reflected by similar emphases of the FWs as they were observed working with MWRAs. Of course it is doubtful that the supervisors in the low performing projects could have had much effect on their workers through example as those supervisors rarely worked with the FWs. The failure of those supervisors to work directly with the FWs seemed to be the result of design: the FWs could not be found and the supervisor did not expect to find them. Two general findings should be highlighted: The supervisors in the low performing subprojects seemed unaware that they were responsible for field worker performance; in fact, the observers reported that these men and women seemed uncertain about their roles in the projects. This was in marked contrast with the supervisors in the higher performing subproject. Second, the supervisors in the better projects were more likely to be women (field workers were women in all subprojects).

## 7. EXECUTIVE COMMITTEE MEMBERS AND SENIOR MANAGEMENT PERSONNEL

### 7.1. Purpose

The purpose of in-depth interviews of the Executive Committee (EC) members and senior management personnel was to identify the role relationships between the EC and the management in the areas of planning, recruitment, implementation, and funds control. In

addition, the abilities of the manager responsible for implementation were assessed.

## 7.2 Research Questions

The research questions were the following:

- (i) role of EC in planning and policy-making;
- (ii) role of EC in personnel management;
- (iii) role of EC in implementation; and
- (iv) role of EC in administering funds

In addition, an assessment of the abilities of the individual responsible for program implementation was conducted.

## 7.3 Data Collection Method

In-depth interviews were conducted by the Principal Investigator, Co-Principal Investigator, and the Consultant. In each subproject at least two active EC members and two senior management staff including the head of project implementation (Project Director, Project Advisor or Project Manager) were interviewed. Each interview was conducted separately and confidentially.

## 7.4. Instruments Used

A list of key issues was identified by the researchers during the initial interviews. These issues were recorded as points to be discussed and used as a discussion guide. During the discussions notes were taken on blank sheets. Detailed note taking was, however, avoided during the interviews in order to ensure uninterrupted discussions. Detailed recordings were made immediately after each interview.

## 7.5. Findings

Role of EC in planning and policy-making. The Executive Committees' role in planning and policy making was assessed in terms of (a) who made plans for the organization, (b) who determined project activities, and c) who negotiated for funds. It had been observed that TAF's involvement in planning and budgeting reduced the role for the EC in these areas. Also in negotiating funding, TAFs knowledge of subproject budgeting needs reduced the need for negotiations.

These points notwithstanding, in all of the high performing and two low performing subprojects the EC members discussed their

project requirements and communicated their decisions to TAF through the PD who served as the Member-Secretary of the EC. In planning and policy-making there appeared to be no conflict between the EC and the management staff. The inclusion of the PD as the Member-Secretary in the EC appeared to be an effective approach to minimizing conflicts in policy making for the projects.

Role of EC in hiring and firing. Approval of new staff was uniformly made by the EC but there were wide variations among subprojects in the procedure for recruitment. In general, the subprojects do not follow standard rules for hiring, firing, and promotions. For example, in some subprojects the EC recruited the staff; in some cases recruitment committees were formed that included important members from the EC; and in some cases external members were pulled from local administration, the FP Department, to join the recruitment committee. In the high performing subprojects, generally, the procedure for recruitment appeared to be relatively more systematic than in the low performing ones. For example, in the high performing subprojects positions were publicized more widely than in the low performing ones. In the low performing subprojects EC members tended to nominate staff of their choice. This created problems for the PD in implementation because the staff having the linkages to the EC were least under the control of the PD.

Termination of staff and promotion are generally done by the EC on recommendation of the PD. Again interference of EC members in firing in the low performing subprojects created problems for the PD. It was observed that the ECs in the high performing subprojects tended to interfere less in dismissal proceedings.

Role of the EC in implementation. In general, the PD acted as the director of project implementation, though in some subprojects the line of demarcation of authority between the EC and the management was unclear. In at least a few subprojects EC members controlled some functions that would usually be handled by the PD. For example, the EC members disbursed salaries, purchased stationery, paid office utilities, and supervised field worker activities. This appeared to discourage the initiative of the management staff.

Among the low performing subprojects, some were managed by the founding members who were also on the Executive Committee; in such instances the EC and the project management were difficult to disentangle. In other low performing subprojects the Project Director created an executive committee only to satisfy funding requirements. In these situations the EC appeared to be ineffective.

Although monitoring techniques and evaluation of performance were not well known to the ECs in general, it appeared that in the high performing subprojects the ECs did attempt to assess program performance, while in the low performing subprojects no similar efforts were identified.

Role of EC in administering the fund. Save for three exceptions, funds were controlled jointly by the EC and the PD. In two subprojects the PD was not involved in the administration of funds, while in another the EC was not involved. The details of administering funds varied widely among the subprojects. For example, in one subproject all funds were drawn, disbursed, and utilized by the EC. In another subproject the PD authorized payments but was not involved in cheque signing; in another subproject the EC was not involved in administering funds in any regard, but the general practice -- to repeat -- was that both the EC and PD were involved in financial management.

The procedure for cheque signing also varied widely. In some subprojects cheque signing was done by one EC member and the PD, in some subprojects by two EC members only, and in some others by the PD and/or a management staff member.

In the high performing subprojects control over finances tended to reside with the PD, and cheque signing was done jointly by a member of the EC and the PD; in the low performing subprojects control was either mixed, or the PD had less control over funds and cheque signing was done either by EC members or jointly by one/two EC member(s) and the PD.

Capabilities of the PD. An attempt was made to assess the capabilities of the PDs in terms of their characteristics, such as academic background, job related knowledge, and commitment to the job.

All of the PDs had Bachelors or Masters degree in a social science and, except for two in the low performing subprojects, all of the PDs appeared to have an adequate academic background. The PDs with a Masters degree usually demonstrated greater confidence in their conduct and the PDs in the high performing subprojects had slightly better academic backgrounds than their counterparts in the low performing subprojects.

Job related knowledge was much higher among the PDs in the high performing subprojects than those in the low performing subprojects. For example, some PDs in the low performing subprojects had little knowledge on management and supervision; they also lacked knowledge of side-effects and contraindications. This lack of knowledge probably limited their ability to train field staff.

Realization of project goals, understanding of the job, and congruence of personal goals with project goals should influence one's commitment to the job. It was observed that the PDs in the high performing subprojects were more committed to their job than those in the low performing subprojects. For example, in one of the low performing subprojects the PD was found resting at her residence during office hours after closing down the office, and was reluctant to reopen the office for the research staff; in another the PD was reluctant to come to the office during office hours for discussions with the research team. In a third low performing subproject -- rural -- the PD lived in the city, came to the office irregularly, and was disinterested in field supervision.

A summary comparison of characteristics between the high and the low performing subprojects follows:

**XVI. - SUBPROJECT MANAGEMENT**  
**SUMMARY COMMPARISON BETWEEN HIGH AND LOW PERFORMING SUBPROJECTS**

Variables	High Performing	Low Performing
1. Role of EC	<p>EC more actively involved in planning and monitoring. For example, discussed performance of field workers, guided the PD wherever necessary.</p> <p>EC not directly involved in implementation.</p> <p>Relationships among EC members were usually harmonious.</p> <p>Formal procedures were observed in recruitment of staff. For example, interest in formal recruitment committees were formed publicity given, in</p>	<p>EC less actively involved. Did not monitor performance of field work.</p> <p>EC interfered in implementation. For example, EC members tried to direct field workers and supervise their work.</p> <p>Relationships among EC members or general membership were not harmonious.</p> <p>Recruitment was informal. Sometimes EC members took interest in recruitment and subsequently created,</p>

Variables	High Performing	Low Performing
	taking disciplinary action, firing, etc.	problem for the PD etc.
2. Dealing with funds	Both EC and PD dealt with funds in the high performing subprojects. For example, EC signed cheques but relied greatly on the management.	No pattern. All combinations of EC-PD division of responsibilities found.
3. PDs job related knowledge	Job related knowledge of the PD was satisfactory.	Job related knowledge of the PD was not satisfactory. For example, commitment PD was not fully aware of side-effects, contra-indications, etc.
4. PDs Leadership qualities	PDs more personable, stronger leadership qualities and dynamism.	PDs lacked dynamism.

As at other levels, the differences between the high and low performing subprojects were visible at the senior management levels of the ten subprojects. The lower performing subprojects were remarkable for the presence of classic examples of poor role definition and lack of organizational clarity. As either a cause or consequence of these problems, the executives of these organizations, the project directors, approached their duties with disinterest.

It is an open question, which no field study can address, whether the deficiencies of the lower performers can be traced to the poor leadership provided them, or vice versa. Some anecdotal evidence suggested that in this case, the poorer organizations had created appropriately weak leaders. This conclusion, however, was contradicted by other findings. It is safe to conclude that the higher performers were consistently better at all hierarchical levels. But the high performers were not perfect.

## 8. OVERALL COMPARISONS

In an attempt to arrive at an overall comparison of the relative effectiveness of the higher and lower performing subprojects, indices were developed for many of the variables studied. No weights were assigned to individual indices.

The process was straightforward and simple: Guided by the findings for each variable, each subproject was rated good, fair, or poor on each variable. The percentage of the five high and five low performing subprojects that received each rating are presented in Table-XIII.

The average effectiveness rating for all five higher performing subprojects was 75.9 for the 23 variables analyzed. The lower performing subprojects posted an effectiveness rating of 53.6. While this provides a sizeable margin for the higher performers, it also indicates that there is ample room for them to improve. The discussion following Table-XIII suggests some problems that might be addressed in many if not all of the subprojects.

**TABLE-XVII:  
LEVEL OF 'EFFECTIVENESS' OF HIGH AND LOW PERFORMING SUBPROJECTS**

Variables and scales	High Performing	Low performing
<b>1. <u>ROLE OF EC IN DECISION MAKING</u></b>		
Very active	40.0	60.0 <sup>t</sup>
Somewhat active	40.0	-
Not active	20.0	40.0
<b>2. <u>WHO DEALS WITH FUNDS</u></b>		
EC and PD	40.0	40.0
EC alone	40.0	20.0
PD and/or AO	20.0	40.0
<b>3. <u>ROLE OF EC IN IMPLEMENTATION</u></b>		
Directly participates	40.0	40.0
Does not directly participate but monitors	40.0	20.0
Neither participates nor monitors	20.0	40.0
<b>4. <u>PD'S ACADEMIC BACKGROUND</u></b>		
Good	100.0	40.0
Average	-	40.0
Poor	-	20.0

Variables and scales	High Performing	Low performing
5. <u>PD'S JOB RELATED KNOWLEDGE</u>		
Good	60.0	20.0
Average	40.0	60.0
Poor	-	20.0
6. <u>PD'S COMMITMENT TO THE JOB</u>		
Highly Committed	20.0	-
Moderately Committed	80.0	60.0
Not very Committed	-	40.0
7. <u>PROCEDURE FOLLOWED FOR RECRUITMENT OF STAFF</u>		
Proper, formal	20.0	-
Somewhat proper	60.0	60.0
Poor	20.0	40.0
8. <u>TRAINING OF STAFF</u>		
Adequate	20.0	-
Marginal	80.0	40.0
Inadequate	-	60.0
9. <u>FIELD WORKERS BACKGROUND</u>		
Most staff have required education		-
Majority of staff have required education	100.0	80.0
Only a few staff have required education	-	20.0
10. <u>FIELD WORKERS COMMITMENT</u>		
Nearly all staff care for their job	80.0	-
Majority of staff care for their job	-	60.0
Only few staff care for their job	20.0	40.0
11. <u>FIELD WORKERS UNDERSTANDING OF THE JOB</u>		
Nearly all staff understand their job	80.0	-
Majority of staff understand their job	-	40.0
Few staff understand their job	20.0	60.0

Variables and scales	High Performing	Low performing
CU, DO, and NU	20.0	-
Visits are made mostly to CU and DO	40.0	-
Visits are made mostly to current users	40.0	100.0
<b>13. <u>TIME SPENT BY FIELD WORKERS WITH MWRA</u></b>		
Spend required time	-	-
Spend little time	80.0	40.0
Spend insufficient time	20.0	60.0
<b>14. <u>FIELD WORKERS MOTIVATIONAL SKILLS</u></b>		
Adequate	20.0	-
Somewhat adequate	60.0	40.0
Inadequate	20.0	60.0
<b>15. <u>ASSESSMENT OF CONTRA-INDICATIONS BY FIELD WORKERS</u></b>		
Through	20.0	-
Marginally adequate	60.0	40.0
Not adequate	20.0	60.0
<b>16. <u>FIELD WORKER'S DISCUSSIONS OF SIDE-EFFECTS WITH MWRA</u></b>		
Good	40.0	-
Average	60.0	40.0
Poor	-	60.0
<b>17. <u>FIELD WORKER'S DIRECTIONS HOW TO USE CONTRACEPTIVE</u></b>		
Thorough	80.0	20.0
Marginal	20.0	60.0
Not performed	-	20.0
<b>18. <u>FIELD WORKER'S DISCUSSIONS OF MCH. AND OTHER RELATED MATTERS</u></b>		
Adequate	20.0	-
Marginal	60.0	40.0
Inadequate	20.0	60.0
<b>19. <u>FOLLOW-UP OF ADVANCE HOME VISIT PROGRAM BY FIELD WORKERS</u></b>		
Good	20.0	-
Fair	80.0	40.0
Poor	-	60.0

Variables and scales	High Performing	Low performing
<b>20. SUPERVISORS' BACKGROUND</b>		
Most supervisors were qualified	60.0	-
Majority of supervisors were qualified	40.0	60.0
Only a few supervisors were qualified	-	40.0
<b>21. SUPERVISOR'S UNDERSTANDING OF THE JOB</b>		
Most supervisors know their job	80.0	-
Majority of supervisors know their job	20.0	60.0
Only a few supervisors know their job	-	40.0
<b>22. COVERAGE OF FIELD SUPERVISION</b>		
Most supervisors conducted field supervision	20.0	-
Majority of supervisors conducted field supervision	60.0	40.0
Only a few supervisors conducted field supervision	20.0	60.0
<b>23. ACCURACY OF REPORTING</b>		
Most FWs prepared reports accurately	40.0	-
Majority of FWs prepared reports accurately	40.0	20.0
Only a few FWs prepared reports accurately	20.0	80.0
<b>TOTAL SCORE</b>	<b>75.9</b>	<b>53.6</b>

### 9. PROBLEMS IDENTIFIED

From the preceding discussions, a list of problems has been extracted for priority consideration:

1. Confusion and lack of harmony in a few subprojects among EC members as well as between the EC and the general membership of the organization. For example, in one subproject the EC members were divided : some sided with the management, others did not. The group that did not side with management created problems for the management, especially for the PD, and spread rumours against project activities. Thus, most of PDs efforts were absorbed in dealing with matters not directly related to program promotion. In another subproject two groups contested the EC election; the group that was not elected, has since been trying to villify the EC and the PD.
2. Inconsistent division of responsibilities. As examples: in one subproject the EC handled funds and made all purchases, disbursements of salaries, etc.; the PD did not feel effective. In another subproject the PD alone dealt with finances and EC meetings were not held regularly.
3. Adherence to procedures for recruitment. The minimum required procedures for recruitment are not followed in many subprojects. As examples, the selection committees were not formed, publicity was not given and, as a result, deserving candidates were not always selected. Sometimes EC members nominated candidates for selection.
4. Lack of a clear understanding of the roles and responsibilities of the EC. Although the TAF manual provides some guidance on the roles and responsibilities of the EC, most ECs either have not tried to follow those or did not realize that clear cut demarcation of responsibilities are essential in order to ensure a working relationship with the PD.
5. Expectation of the EC members remain unmet. The traditional role of the EC is to make policy and plans; however, most EC members found it difficult to restrict their role to planning and policy making ; instead they tended to dabble in program implementation. In this capacity they encountered resistance from the salaried staff.
6. Lack of adequate job related knowledge and management skills of PDs. Since implementation is dependent on the leadership qualities of the PD, his/her job related knowledge is very important for guidance and on the job training of field workers. In addition to knowledge on family planning, the PDs should have a grounding in management.

7. Lack of adequate supervisory and job related knowledge of the supervisors. Without greater knowledge than the field workers the supervisors could not establish themselves as team leaders and some supervisors failed to make the FWs accountable. Great variety was found in supervisory practices: some supervisors did not try to supervise the FWs on the job, some went to the field together with the FWs, and some asked the FWs to attend the office twice a day.
8. Absence of regular on the job supervision and training. It was difficult for the FWs to apply the knowledge acquired in training to the actual field work situation. Supervisors did not know how to apply the training in practice.
9. Lack of job related knowledge by field workers. It is essential to impart sufficient knowledge to the FWs, but it was difficult for the FWs to grasp too many things. Essential family planning content should be taught to them and re-inforced through field visits, weekly meetings, and monthly meetings.
10. Absence of regular home visits by the FWs. In providing domiciliary services the FWs role is central, irrespective of daily targets, the FWs found it difficult to visit 20 households a day. Regular home visits were not made by many FWs.
11. Inadequate coverage of non-users. In many subprojects the non-users and the dropout clients were ignored. The field work strategy should ensure visits to all MWRAs, the current users, dropout clients and the non-users.
12. Lack of proper assessment of contraindications, little or no information on side-effects, and poor direction on use of contraceptives. Increases in adopters will be offset by an increase in dropouts. There are several ways to minimize dropouts, such as proper assessment of contraindications, briefing new acceptors on probable side-effects prior to starting a method and education on method use. It was observed that the majority of the FWs failed to give proper attention to the assessment of contraindications and provision of information on side-effects.
13. Weak emphasis on other health aspects such as MCH. Most FWs tended to discuss family planning only, instead of responding to the need for MCH and health education.
14. Lack of understanding of the recording and reporting system. Many FWs failed to maintain correct records and

for many of them the reports were prepared by their supervisors.

#### 10. MODEL FOR PROGRAM ORGANIZATION AND MANAGEMENT

The preceding section lists specific problems that TAF and the subprojects studied may wish to address. This section takes a slightly different approach and -- immodestly -- sets down what this research would suggest are guidelines for a model CBD project in Bangladesh. The claim to the utility of this model is underwritten by the same rationale as presented before: the differences between the practices found in the better and poorer performers may not always be large, but they are consistent and, for the most part, intuitively appealing. Given that we find an empirical basis for intuitive notions about program management, these recommendations should take on added force.

The recommendations are not exhaustive. The reason for that is that they only reflect areas where differences were found between high and low performing subprojects; if an effective activity existed in both groups, it was not singled out by the research.

##### Field Worker Activities

1. Field workers should visit every eligible couple, whether practicing, pregnant, or manifestly disinterested. This has to be tempered by the availability of outreach staff; in the absence of adequate resources strategies for visiting "high probability" couples must be developed.
2. Visits should be made as frequently as resources permit. (This was reinforced by a separate research project where it was found that more frequent visits were associated with higher field worker performance even when the majority of couples were visited fortnightly.)
3. The amount of time spent with a couple is less important than how it is spent.
4. Contraindications must be screened before any serious discussion is entered into on method selection.
5. Side effects should be described before a method is selected.
6. The field worker should tailor the message given to a couple in accordance with the couple's situation. (Further research with TAF subprojects has indicated that field workers can easily remember and use five basic messages: for current users, for drop outs, for never users, for pregnant women, and for women with children under five.)

7. A strong motivational approach should be made; a soft-sell is less effective. A clear link between contraceptive use and concrete benefits to the adopter and family should be established; "family planning" is a dimly perceived abstraction at best; emphasize contraceptives and not contraception.
8. Address concerns about side effects directly.
9. Provide thorough instructions on method use. Test for comprehension.
10. Raise the religious issue (everyone is already aware of it anyway) and provide information that refutes the claim that Islamic thought prohibits contraceptive use.
11. Be quick to refer problems and side effects to the clinic; be less quick to propose discontinuance.
12. Encourage satisfied clients to promote contraceptive use among their family and friends.
13. Hire women as field workers who are the sole support of their families.

#### Supervision

14. Hire women as supervisors. Especially if the outreach force is composed exclusively of females.
15. Supervisors must make home visits with the field workers; this should be the principal supervisory activity.
16. The supervisor should check on the performance of the field worker by quizzing women to see if the field worker has performed essential activities such as screening for contraindications, explanation of side effects, instruction in method use, and education in nutrition, MCH etc. This should be done in the field worker's presence.
17. The supervisor should promote adoption, deal with client problems, and behave very much like a field worker when dealing with clients or prospective clients.
18. Emphasize that the supervisor is responsible for the performance of supervisees.

## Project Management

19. Clear demarcation of responsibilities for all actors must be defined.
20. If separate bodies are created for policy making and program implementation, those roles should be kept separate.
21. Coordination between the two bodies may be facilitated by participation of the senior implementer in the policy making group.
22. Formal personnel policies should be established and adhered to.
23. Control over personnel actions should be vested in managers responsible for program execution (not policy making).
24. If there is a separate policy making body it should share financial control with the management.
25. Select managers who live in or near the projet site.

## General

26. Provide extensive and repeated training in technical aspects of the work. This should be offered to all levels including senior management.

## 11. FUTURE ACTIVITIES

As the reader of the preceding list is aware, it would be difficult to implement all of those changes simultaneously in a program. The natural question arises, where to begin? The answer will depend upon the particular problems, context, and resources of a program. In the case of the TAF subprojects, the choice was al so based on what changes would pull others along in its wake. The decision was made to introduce concrete changes at the field level in the expectation that in introducing those changes the organization would have to make other changes to adapt to the new activities. It is acknowledged that this flies in the face of conventional management wisdom which would dictate resolving the problems at the top of the organization before trying to make operating changes. In this instance that option was discarded for the following reasons:

1. The needed operating changes were concrete, tangible changes. Their implementation is easy to evaluate. This was not true of the problems at the senior level where

the changes required were expressed as a need for greater harmony, greater management commitment, and leadership.

2. It was difficult to see how a direct attack might be made on problems at the top short of replacing personnel, a difficult task and not certain of success.
3. Operating changes provide something toward which efforts can be focussed. The distraction provided by concrete changes -- with clear assignments of responsibility for how they were to be implemented -- might drain some of the heat from fractious disputes and give to otherwise lethargic staffs a novel activity that might galvanize their efforts.

The changes selected were two: to visit every eligible couple bi-monthly and to give one (or more) of five messages. Bi-monthly visit. It appeared that the subprojects and, or would soon have, sufficient manpower to visit every couple bi-monthly. It was decided that rather than develop complex strategies for identifying couples most in need of a visit, all eligible couples would be visited irrespective of their current status. This change required defining exactly the area in which the subproject would work (this involved dividing the old work area with the government program in many instances) and completing the registration of all couples within that area.

Messages. It was determined that couples would fall into one or more of five categories relevant to program objectives. They would be in one of three contraceptive use categories, current, past, or never user, the wife might be pregnant (and not, obviously, a current user), and there might be children under the age of five in the household. For all five categories a few key points were identified for discussion which drew on other findings of the research; for example, concreteness of the message, discussion of side effects, promote a product and not a concept, and so on. Implementation of this change required dissemination of the message to the field workers via routine meetings with project management.

These changes were decided upon during a three day review of the research findings at which of the researched project and other selected TAF supported subprojects were represented. The two changes are currently under test in a subset of the TAF subprojects and initial indications are that they have succeeded more rapidly than expected and more rapidly than the researchers might wish. In the short interval between the decision to adopt these changes and the conduct of the baseline survey, the lower performing subprojects had closed much of the gap between their performance and the higher performers. The full results of the experimentation will be the subject of a future report.

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LIST OF SUBPROJECTS IN ORDER OF PERFORMANCE BY URBAN AND RURAL AREAS

Sl. No.	Name of Subprojects	Actual Score	Adjusted Score: Lowest Equals Zero
<b>A. <u>Urban Subprojects:</u></b>			
1.	Association for Family Development	16.3	44.3
2.	Mirpur Family Planning Project	8.9	36.9
3.	Unity Through Population Service	6.4	34.4
4.	Chittagong Women Working for Family Planning	3.8	31.8
5.	Dedicated Women for Family Planning	1.6	29.6
6.	Banaful Social Welfare Project	-28.0	0.0
<b>B. <u>Rural Subprojects:</u></b>			
1.	Fatema Rural Education and Health Center	19.3	47.3
2.	Udayan Sangha	11.8	39.8
3.	Manabik Shahajya Shangstha	5.7	33.7
4.	Sinnomul Mohila Samity	3.8	31.8
5.	Progatishel Samaj Kallayan Family Planning Samity	1.2	29.2
6.	Samaj Unnayan Prashikkhan Kendro	- 0.4	27.6
7.	Derai Matrimangol Shishu Kallayan - O - Paribar Parikalpana Samity	- 3.6	24.4
8.	Southern Gono Unnayan Samity	- 7.1	20.9
9.	Pirujali Progoti Shangha	-12.9	15.1
10.	Samaj Unnayan Prochesta	-14.4	13.6
11.	Palashi Para Samaj Kallayan Samity	-15.8	12.2
12.	Samaj Kallayan Parishad	-19.0	9.0
13.	Bandhan	-22.2	5.8
14.	Janakallayan Kendro	-22.3	5.7

SCORE SHEET

CALCULATION OF SCORE FOR SELECTION OF HIGH - AND LOW - PERFORMING SUBPROJECTS

SL. NO.	NAME OF SUB-PROJECTS	RURAL OR URBAN	AGE OF THE SUB-PROJECT	CPR	ACTIVE USERS PER WORKER	RECRUITMENT OF NEW ACCEPTORS	URGENT NEEDS	ELIGIBLE COUPLE PER WORKER	METHOD MIX. CYP PER USER	AREA AND COMMUNICATION FACILITIES	AVAILABILITY OF CLINICAL FACILITIES	COST PER ACCEPTOR	TOTAL
1.	MIRPUR FAMILY PLANNING PROJECT	URBAN	11 -13.8	39.1 13.6	977 20.0	197 10.6	9.3 -4.4	2500.0 -10.0	2.777 5.2	A -9.9	YES 0	1.9 -2.4	8.9
*2.	BANGLADESH ASSOCIATION FOR MATERIAL AND NEO NATAL HEALTH	RURAL	6 -7.5	28.5 9.9	224 4.4	136 7.3	13.8 -6.5	752.7 -3.0	2.549 4.7	-	YES 0	2.8 -2.5	---
3.	DEDICATED WOMEN FOR FAMILY PLANNING	URBAN	9 -11.3	40.5 14.0	549 11.2	151 8.1	13.1 -6.2	1354.5 -5.4	2.418 4.5	A -9.9	YES 0	2.7 -3.4	1.65
4.	FATEMA RURAL EDUCATION AND HEALTH CENTER	RURAL	9 -11.3	57.7 20.0	676 13.8	166 8.9	1.4 -0.7	1171.4 -4.7	1.995 3.7	B -6.6	YES 0	3.0 -3.8	19.3
5.	SINMOHAL MAHILA SAMITY	RURAL	7 -8.8	22.2 7.7	340 7.0	137 7.4	4.4 -2.0	1536.8 -6.1	4.349 8.1	B -6.6	YES 0	2.3 -2.9	3.8
6.	PROGATISHIL SAHAJ KALLAYAN AND FAMILY PLANNING SOCIETY	RURAL	9 -11.3	41.5 14.4	395 8.0	179 9.6	24.8 -11.7	953.0 -3.8	3.202 5.9	B -6.6	YES 0	2.6 -3.3	1.2
7.	ASSOCIATION FOR FAMILY DEVELOPMENT	URBAN	3 -3.8	31.9 11.0	607 12.4	308 16.6	5.4 -2.5	1905.4 -7.6	1.966 3.7	A -9.9	YES 0	2.9 -3.6	16.3
*8.	CENTER FOR DEVELOPMENT SERVICES	RURAL	0 -10.0	40.2 13.9	363 7.4	208 11.2	29.6 -14.0	904.5 -3.6	3.121 5.8	-	YES 0	3.3 -4.1	---
9.	MANABIK SHALINJA SANGSTHA	RURAL	12 -15.0	45.5 15.8	636 13.0	204 11.0	5.8 -2.7	1400.0 -5.6	1.743 3.2	A -9.9	YES 0	3.3 -4.1	5.7
10.	UNITY THROUGH EDUCATION SERVICE	URBAN	4 -5.0	23.4 8.1	455 9.3	371 20.0	26.5 -11.6	1942.4 -7.8	2.219 4.1	B -6.6	YES 0	3.3 -4.1	6.4
11.	CHITTAGONG BOICH WORKING FOR FAMILY PLANNING	URBAN	8 -10.0	31.5 10.9	553 11.3	177 9.5	12.5 -5.9	1756.8 -7.0	4.273 7.9	A -9.9	YES 0	2.4 -3.0	3.8
*12.	VILLAGE DEVELOPMENT CENTER	RURAL	6 -7.5	21.1 7.3	221 4.5	119 6.4	9.0 -4.2	1042.0 -4.2	---	-	YES 0	2.9 -3.6	---
13.	UDAYAN SAMITA	RURAL	7 -8.8	23.6 8.2	280 5.7	167 9.0	10.3 -4.9	1184.5 -4.7	2.517 4.7	C -3.3	NO 10	3.3 -4.1	11.8
14.	PALASHIPARA SAHAJ KALLAYAN SAMITI	RURAL	16 -20.0	29.0 10.0	374 7.7	188 10.1	23.4 -11.0	1287.8 -5.2	2.132 4.0	D -6.6	YES 0	3.8 -4.8	15.6
15.	DERAI MATRIMOHOL SHISHU KALLAYAN AND PROKIBAR PARIMOHOL SAMITY	RURAL	9 -10.0	18.7 6.5	151 3.0	126 6.8	35.3 -16.7	810.3 -3.2	3.969 7.4	C -3.3	NO 10	3.3 -4.1	3.6
*16.	THE PALLI SHILPO PROMOTION OF BANGLADESH	RURAL	0 -10.0	38.2 13.2	372 7.6	247 13.3	13.3 -6.3	972.4 -3.9	2.104 3.9	-	YES 0	4.5 -5.6	---
17.	SOUTHERN GOKULNAYAN SAMITY	RURAL	6 -7.5	21.6 7.5	214 4.4	146 7.9	17.5 -8.3	990.0 -4.0	2.608 4.8	B -6.6	YES 0	4.2 -5.3	7.2
*18.	CONCERNED WOMEN FOR FAMILY PLANNING	URBAN	10 -12.5	25.0 8.7	261 5.3	152 8.2	29.1 -13.7	889.0 -3.6	5.349 9.9	-	YES 0	3.7 -4.6	---
19.	SAHAJ UDAYAN PROSHIKHAN KENDRO	RURAL	7 -8.8	26.4 9.2	529 10.8	229 12.3	20.6 -9.7	2000.0 -8.0	2.894 5.4	B -6.6	YES 0	4.0 -5.0	0.4
20.	SAHAJ KALLAYAN PARISHAD	RURAL	8 -10.0	16.4 5.7	275 5.6	156 8.4	28.8 -13.6	1676.4 -6.7	3.512 6.5	A -9.9	YES 0	4.0 -5.0	19.0
21.	JHAKALLAYAN KENDRO	RURAL	15 -18.8	16.7 5.8	169 3.5	118 6.4	22.1 -10.4	1010.7 -4.0	2.230 4.2	C -3.3	YES 0	4.5 -5.6	22.3
22.	PIRUJALI PROGOTI SAMI-GHA	RURAL	16 -20.0	13.5 4.7	271 5.5	193 10.4	12.0 -5.7	2000.0 -0.0	1.975 3.7	B -6.6	NO 10	5.5 -6.9	12.9
23.	BAHUFUL SOCIAL WELFARE PROJECT	URBAN	8 -10.0	15.0 5.2	200 4.0	104 5.6	43.3 -20.4	1332.0 -5.3	4.209 7.8	A -9.9	YES 0	4.0 -5.0	28.0
24.	BANTHAN	RURAL	8 -10.0	16.9 5.7	274 5.6	150 8.0	29.0 -13.7	1013.3 -4.0	1.990 3.7	A -9.9	YES 0	6.1 -7.6	22.2
25.	SAHAJ UDAYAN PRO-CHESTA	RURAL	3 -3.8	8.3 2.9	87 1.8	121 6.5	27.9 -13.2	1046.0 -4.2	1.143 2.2	B -6.6	NO 10	8.0 -10.0	14.4

\*Multiple sites

**IMPROVING THE PERFORMANCE OF TAF SUBPROJECTS**

**INTERVIEW SCHEDULE**



**ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH**

**14, Sir Sayed Ahmed Road, Mohammadpur, Dhaka-7**

SAMPLE IDENTIFICATION			
NAME OF SUBPROJECT _____	UNIT NO.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
NAME OF FIELD WORKER _____			
SAMPLE H.H. NO.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	STRATUM	<input style="width: 20px; height: 20px;" type="text"/>
		CONVERTED H.H. NO.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DISTRICT _____		UPAZILA/THANA _____	
UNION _____		VILLAGE/MOHALLAH/BLOCK _____	

INTERVIEW INFORMATION																											
INTERVIEW CALL	1	2	3	4																							
DATE																											
RESULT CODE *																											
INTERVIEWER CODE																											
<p>* <u>RESULT CODE</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Completed</td> <td style="width: 10%;">1</td> <td style="width: 40%;">Address not found</td> <td style="width: 10%;">6</td> </tr> <tr> <td>No eligible women</td> <td>2</td> <td>Address not existing</td> <td>7</td> </tr> <tr> <td>Respondent not available</td> <td>3</td> <td>Other _____</td> <td>8</td> </tr> <tr> <td>Interview Refused</td> <td>4</td> <td style="text-align: center;">(specify)</td> <td></td> </tr> <tr> <td>Dwelling vacant</td> <td>5</td> <td></td> <td></td> </tr> </table>								Completed	1	Address not found	6	No eligible women	2	Address not existing	7	Respondent not available	3	Other _____	8	Interview Refused	4	(specify)		Dwelling vacant	5		
Completed	1	Address not found	6																								
No eligible women	2	Address not existing	7																								
Respondent not available	3	Other _____	8																								
Interview Refused	4	(specify)																									
Dwelling vacant	5																										

SUPERVISION RECORDS			
Scrutinized	Reinterviewed or spot checked	Edited	Coded
<input style="width: 40px; height: 20px;" type="text"/>			
By	By	By	By
<input style="width: 40px; height: 20px;" type="text"/>			
Date	Date	Date	Date
_____	_____	_____	_____

01. What is your name ? \_\_\_\_\_

02. How old are you ? (PROBE) Age \_\_\_\_\_ (completed years)

03. Did any family planning worker ever visit you in your house ?

Yes 1 No 2 (PROBE)

(SKIP TO 08)

04. Could you please tell me the name of the worker who visited you and the name of his/her organisation ?

Name of worker: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

05. When did (s)he visit you last ? (PROBE)

Day	Month		Year		

\_\_\_\_\_ months ago.

06. What did (s)he discuss with you, during the last visit ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else: \_\_\_\_\_  
\_\_\_\_\_

07. Interview: Check 04. If the correct name of the organisation is mentioned skip 09; if otherwise ask 08.

08. In your locality there is a family planning organisation named \_\_\_\_\_ ( name of subproject) . Have you ever heard the name of this organisation ?

Yes 1 No 2 Don't know 3

09. Are you (or is your husband) currently using any family planning method or doing something to avoid a pregnancy ?

Yes 1 No 2

(SKIP TO 13)

10. Have you ever used any family planning method ?

Yes 1 No 2

(SKIP TO 55)

11. What were the methods that you ever used ?

01 Pill	07 Vasectomy
02 Condom	08 Menstrual regulation
03 Vaginal method	09 Withdrawal
04 IUD	10 Abstinence
05 Injection	11 Safe period
06 Tubectomy	12 Other _____ (Specify)

12. What was the method that you used last ? \_\_\_\_\_ method.  
(SKIP TO 33)

**FOR CURRENT USERS**

13. What is the method you are (or your husband) is currently using ?

01 Pill	07 Vesectomy
02 Condom	
03 Vaginal method	08 Withdrawal
04 IUD	09 Abstinence
05 Injection	10 Safe period
06 Tubectomy	11 Other _____ (specify)

14. **Interviewer: If respondent is using any modern method skip to 16, if otherwise ask 15.**

15. Why are you not using any modern family planning method ?

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SKIP TO 56)

16. Who motivated you to accept this family planning method ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital/clinic personnel

4 Relations, neighbours, friends, etc.

5 Other \_\_\_\_\_  
(Specify)

17. Wherefrom do (did) you obtain the \_\_\_\_\_ ?  
(method) \_\_\_\_\_ source

18. Interviewer: Check 16 and 17 . If the respondent was motivated by the subproject worker ( 16 ) and if she is not taking the supply from the subproject worker ( 17 ) ask 19 ; if otherwise skip to 20.

19. Why are you not taking the supply from the subproject worker ?

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Do you face any problems in using this method ?

Yes 1 No 2  
(SKIP TO 28)

21. What are the problems ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Did you discuss your problems with anyone ?

Yes 1 No 2

(SKIP TO 24) 23. Why did not you discuss with anyone ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(SKIP TO 28)

24. With whom did you discuss the problems ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital/clinic personnel
- 4 Relations, neighbours, friends, etc.
- 5 Other \_\_\_\_\_  
(Specify)

25. What did (s)he arrange for you ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26.

Interviewer: If the respondent was motivated by the subproject worker (Q. 16) and if she discussed her problems with anyone other than the subproject worker (Q.24), ask Q. 27; If otherwise, skip to Q.28.

27. Why did not you discuss the problem with the \_\_\_\_\_ worker ?  
(subproject)

Reasons: \_\_\_\_\_  
\_\_\_\_\_

28. Before accepting this method did anyone tell you about the probable side-effects of this method ?

Yes      1                                      No      2

(SKIP TO 31)

29. Who told you this ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital/clinic personnel
- 4 Relations, neighbours, friends, etc.
- 5 Other \_\_\_\_\_  
(Specify)

30. What did (s)he tell you ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Did you recommend family planning to anyone ?

Yes 1 No 2

(SKIP TO 58)

32. To whom did you recommend ?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

(SKIP TO 58)

**FOR DROPOUT CLIENTS**

33. When did you discontinue the use of \_\_\_\_\_ ?  
method

Day		Month		Year		_____ months ago.

34. Who motivated you to accept family planning ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital/clinic personnel
- 4 Relations, neighbours, friends, etc.
- 5 Other \_\_\_\_\_  
(Specify)

35. Wherefrom did you use to obtain \_\_\_\_\_ ? (PROBE)  
(method)  
\_\_\_\_\_ source.

36. What were the reasons for you to discontinue the use of \_\_\_\_\_ ?  
(method)

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Interviewer: Check 36; If the reason for dropout is side-effect or complication or lack of supply ask 38; If the reason is any other than these SKIP TO 46.

38. Did you discuss your problem with anyone ?

Yes 1 No 2

(SKIP TO 40)

39. Why did not you discuss with anyone ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SKIP TO 44)

40. With whom did you discuss the problem ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital personnel
- 4 Relations, neighbours, friends, etc.
- 5 Other \_\_\_\_\_  
(Specify)

41. What did (s)he arrange for you ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Interviewer: If the respondent was motivated by the subproject worker (Q. 34) and if she discussed her problems with anyone other than the subproject worker (Q.40) ask Q. 43; If otherwise, skip to Q.46.

43. Why did not you discuss the problem with the \_\_\_\_\_ worker ?  
(subproject)

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Did the \_\_\_\_\_ worker ask you the reasons for your discontinuation  
(subproject)  
of the method ?

Yes 1 No 2  
(SKIP TO 46)

45. What did (s)he discuss with you ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_

46. Do you intend to use any family planning method in the near future ?

Yes 1 No 2  
(SKIP TO 50)

47. From whom would you like to have the service/supply ? (PROBE)

\_\_\_\_\_

48. Interviewer: If the respondent does not want to have the supply/  
service from the subproject worker, ask Q.49; If  
otherwise, skip to Q. 50.

49. Why don't you want to have the supply/service from the \_\_\_\_\_ worker ?  
(subproject)

Reasons: \_\_\_\_\_  
\_\_\_\_\_

50. Before accepting this method did anyone tell you about the probable  
side-effects of this method ?

Yes 1 No 2  
(SKIP TO 53)

51. Who told you this ?

- 1 Subproject worker/clinic personnel
- 2 Government family planning worker
- 3 Govt. Hospital/clinic personnel
- 4 Relations, neighbours, friends, etc.
- 5 Other \_\_\_\_\_  
(Specify)

52. What did (s)he tell you ?

Verbatim: \_\_\_\_\_  
\_\_\_\_\_



GUIDELINES FOR FOCUS GROUP DISCUSSIONS FOR NON USERIntroduction:

- Welcome
- Reason for coming
- We'd like to have your help
- Open expression of opinion
- Tape recording
- Topic of discussion, family planning

The Family:

- Name
- Age
- No. of living children
- Length of time married before having children
- Did anyone have children immediately ? Why/why not ?
- Do they intend to have more children ? Why/why not ?
- What is the optimal family size, why ?
- Is there any preference for sex of children

Family Planning:

- What is family planning (their understanding )
- What are the perceived advantages/disadvantages of the small family ?
- Awareness of different contraceptive methods (modern/traditional)
- Perceived advantages/disadvantages of the methods
- Sources of information on methods (awareness/use)
- Satisfaction with information received
- Barriers to practicing family planning
- Did anyone motivate for acceptance of family planning
- What are the reasons for non-users for not using any FP method ?
- Future intention to use any FP method
- Motivation required to overcome the barrier
- Recognition of subproject benefit
- Program satisfaction
- Access to services : MCH & FP
- Perceived role and value of the subproject worker
- Suggestion for improvement in recruitment
- Frequency of field workers visits
- Contents of discussions

APPENDIX 2

Explanation of Coding Instructions

Q. 8. Appropriate - When the Field Worker asked the welfare of the MWRA and explained the reasons for accepting a FP method has been considered appropriate.

To some extent

appropriate - When the FW asked the welfare of the MWRA and did not talk about the necessity of using FP methods.

Poor - When the FW asked some questions which was not relevant to motivation.

No motivation- When the portion was left blank.

Q. 9.1. (a)

Appropriate - When the FW asked questions to determine the contraindications in case the MWRA was a new acceptor.

To some extent

appropriate - When only a portion of the points was asked to MWRA about contraindications.

Poor - When only one question was asked about contraindication.

No attempt - When the portion was left blank.

Q. 9.1 (b) Do as above

Q. 9.1 (c) Do as above.

Q. 10. Adequate - If ' ' (tick mark) was given on No.1

Inadequate - If ' ' was given on No. 2

Oversupplied - If ' ' was given on No.3

Not Applicable- If no mark was given.

Q. 11. Appropriate- If the MWRA was a Dropout and if the FW tried to motivate the MWRA by her persuasive arguments showing to accept any FP method.

To some extent

appropriate- If MWRA was asked about her welfare and one or two words about FP acceptance.

Poor - If the FW talked to the MWRA but not with convincing points to motivate the MWRA.

N.A.9- If the MWRA was a nonuser or a current user.

Q. 12. Appropriate - If the FW could give proper reply to the problems raised by the MWRA and assure her.

To some extent appropriate- If only one or two sentences were said to reply the query of the MWRA.

Poor - If the FW spoke some words which were not very much relevant

N.A. - If the MWRA was not a method user.

No motivation - If the space was left blank.

Q. 13. Appropriate- If FW spoke about Health of mother & children, about food, x about their cleanliness and about DPI and TT.

To some extent appropriate - If FW spoke partially touching some of the points only.

Poor - If FW talked on one area only.

No discussion- If the space was left blank.

Q. 14. Yes - If FW asked welfare of MWRA or spoke about MCH-FP related ~~xxx~~ attain.

No - If the space was left ~~Ex~~ blank.

## GUIDELINE FOR FIELD WORKERS OBSERVATION

1. Name of Project: \_\_\_\_\_
2. Date of observation: \_\_\_\_\_ Job performance: 

1
---

2
---
3. Time started : \_\_\_\_\_ Time ended : \_\_\_\_\_
4. Household No. \_\_\_\_\_ 5. Couple No. \_\_\_\_\_
6. Use status of MWRA : 

Non-user	Dropout	Current user
----------	---------	--------------
7. Relation with the woman :  
1 Very good    2 Good    3 Not good
8. If the woman is a non-user, what does the FW say to motivate her ?
9. If the woman is a new acceptor, what does the worker discuss about the following before making new supply ?
  - (a) What is asked to assess contra-indication ?
  - (b) What is said about side-effects ?
  - (c) What is said about how to use method ?

10. If the woman is a current user, whether the contraceptive supply is adequate, inadequate, or over supplied.

Adequate

Inadequate

Much more than  
adequate

11. If the woman is a dropout client, what does the FW discuss with her ?

12. Problems raised by clients and answers given by the field worker.

13. Does the FW discuss about MCH, Nutrition, Immunization, Health education ?  
If yes, what does she discuss ?

14. Does she discuss anything else ? If so, what does she discuss ?

Name of Researcher:

Date: \_\_\_\_\_

GUIDELINE FOR FIELD WORKERS INTERVIEW

1. Name of Project :
2. Date of Interview : \_\_\_\_\_ Time : \_\_\_\_\_
3. Name of Field Worker : \_\_\_\_\_ Job performance level:  1  2
4. Age : Field Worker \_\_\_\_\_, Spouse \_\_\_\_\_
5. Education : Field Worker \_\_\_\_\_, Spouse \_\_\_\_\_
6. Occupation : Field Worker \_\_\_\_\_, Spouse \_\_\_\_\_
7. Living children : Son \_\_\_\_\_, Daughter \_\_\_\_\_
8. Age of youngest living child : \_\_\_\_\_ years
9. Length of service in the project : \_\_\_\_\_ years
10. Did you have any opportunity to receive training on family planning ?  
If so, name the training institutions/organizations that arranged training for you.
  
11. Status of project area demarcation :  
1 Clearly demarcated    2 Verbally demarcated, not physically    3 Not demarcated
12. Status of worker's area mapping:  
1 Clearly mapped    2 Not mapped but area identifiable distributed    3 Not distributed separately for each worker
13. Total couples on 01 March 1987 : \_\_\_\_\_
14. Total active users on 01 March 1987 : \_\_\_\_\_
15. Succinct description of the field work:
  - (a) How many days does she work in the field in a week ? \_\_\_\_\_
  - (b) How many days household/couple does she visit a day ? \_\_\_\_\_
  - (c) Place where day's work begins : \_\_\_\_\_
  - (d) Time when work starts: \_\_\_\_\_
  - (e) Duration of field work : From \_\_\_\_\_ To \_\_\_\_\_

(f) What do they discuss with MWRA ?

16. How do they record their daily activities ?

17. How do they prepare and submit reports ?

18. Field worker's impression about the project management:

19. What are the criteria of a good worker ?

20. How the CPR of the project can be increased ?

21. Field worker's impressions about the supervisor ?

22. Do you want to say anything more ?

Name of Researcher:

Date: \_\_\_\_\_

GUIDELINES FOR FOCUS GROUP DISCUSSIONS FOR FIELD WORKERSIntroduction:

- Welcome
- Reason for coming
- We would like your help
- Open expression of opinions
- Tape recorder
- Today we'd like to talk about family planning field work
- Background characteristics of field workers.

Family Planning:

- Workers' knowledge of family planning
- Workers' knowledge of job specifics (area/population/task fulfillments required of them, etc.)
- Workers' education level
- Workers' job training (family planning/MCH)
- Workers' knowledge of different contraceptive methods/side-effects
- What are the problems encountered in performing field work effectively (supply/logistics/movement/safety/etc.)
- What would help improve workers job performance recognition/training, intrinsic reward, promotion, pay increase)
- Workers perception of supervisors roles
- Interactions between workers, supervisors, and management staff.
- Whether do they use satisfied clients for motivating their relations, neighbours and friends.
- Workers perception of the project goals and their personal goals
- Workers perception of their job status/satisfaction

## GUIDELINE FOR FIELD VISIT BY SENIOR PROFESSIONALS

Name of the Subproject:

Name of the Project Director:

Date of visit:

The purpose of the visit of the senior professionals are to explain OR objectives clearly and specifically in order to win over their active support in conducting the OR activities in the project area over a long period of time as well as to collect information listed below:

1. Number of Field workers

- (a) Field Supervisor 

--	--
- (b) Field Motivators 

--	--
- (c) Resupply Agents 

--	--

2. Whether delimitation of areas among field workers clearly done ?

1
---

Yes

2
---

No

3. If GOB workers are also working in the area, whether area are clearly demarcated between GOB and subproject workers ?

1
---

No GOB worker

2
---

Area clearly demarcated between GOB and subproject workers.

3
---

Area not clearly demarcated between GOB and subproject workers.

4. Status of couple registration:

- 1 Completed fully
- 2 Completed   Percent
- 3 Not yet started

5. Description of field work procedure:

6. Description of record keeping and reporting procedure:

7. Sources of contraceptive supplies and related problems, if any:

8. Types of services rendered through clinic:

9. Staff training arrangements:

10. Recruitment procedure:

11. Role of Executive Committee:

12. Sources of funding other than TAF:

In addition, the following particulars will be collected from the subproject management:

13. Map of the subproject area.
14. Organogram of the subproject showing number of staff in each position.
15. List of Executive Committee Members as per given proforma.
16. Particulars of field staff as per given proforma.

List of Executive Committee Members:

Sl. No.	Name	Position in the Committee	Occupation	Age	Education	Years associated with the project
---------	------	---------------------------	------------	-----	-----------	-----------------------------------

Particulars of field staff:

Name of Subproject:

Sl No.	Name of staff	Designation	Age	Education	Length of ser- vice in this Project	Training received	No.of couples	Active users
-----------	---------------	-------------	-----	-----------	---	----------------------	------------------	-----------------



(d) Checking whether the Field Supervisor enquire of the MWRA about what the Field Worker discuss regarding MCH, nutritions, immunization, and health education.

(e) What other things does supervisor check ?

8. Points that show the strengths of the supervisor's activities.

9. Points that show the weaknesses of the supervisors activities.

10. Anything else ?

## GUIDELINE FOR SUPERVISOR INTERVIEW

1. Name of Project :
2. Name of Supervisor :
3. Age : Supervisor \_\_\_\_\_, Spouse \_\_\_\_\_
4. Education : Supervisor \_\_\_\_\_, Spouse \_\_\_\_\_
5. Occupation : Supervisor \_\_\_\_\_, Spouse \_\_\_\_\_
6. Living children : Son \_\_\_\_\_, Daughter \_\_\_\_\_
7. Age of youngest living child: \_\_\_\_\_ Years
8. Length of service in the project : \_\_\_\_\_ Years
9. Supervisor field worker ratio :
10. Did you have any opportunity to receive training on family planning ?  
If so, name the training institutions/organizations that arranged training for you.
11. How do you organize the field work ?
12. On what basis do you visit a field worker (FW) ?

13. In how many days do you visit each FW ? \_\_\_\_\_ days
14. What are the items do you check during routine visits ?
15. What do you do when FW is absent in the field ?
16. Do you keep records of your daily activities ?
17. How do you collect the reports from the FWs and how do you compile the report ?
18. Do you train your FWs ? If yes, how and when ?



23. What is your impression about the project management ?

24. In your opinion, what are the criteria of a good FW ?

25. In your opinion, what are the criteria of a good supervisor ?

Name of Researcher:

Date: \_\_\_\_\_