

PD-AAP-234

**EVALUATION OF THE FP/MCH PROJECT'S
PANCHAYAT BASED HEALTH WORKERS**



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Kathmandu
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**Submitted by : NEW ERA
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CALENDAR CONVERSION

1. Years

<u>Nepalese</u>	<u>Christian</u>
2027 B.S. ^{1/}	1970-1971 A.D.
2028	1971-1972
2029	1972-1973
2030	1973-1974
2031	1974-1975
2032	1975-1976
2033	1976-1977
2034	1977-1978
2035	1978-1979
2036	1979-1980
2037	1980-1981
2038	1981-1982

2. Months

Baisakh ^{2/}	mid April - mid May
Jestha	mid May - mid June
Asar	mid June - mid July
Shravan	mid July - mid August
Bhadra	mid August- mid September
Ashwin	mid Sept. - mid October
Kartik	mid Oct. - mid November
Mangshir	mid Nov. - mid December
Poush	mid Dec. - mid January
Magh	mid Jan. - mid February
Falgun	mid Feb. - mid March
Chaitra	mid March - mid April

1/ Bickram Sambat

2/ First month of the year

Note: The Nepalese Fiscal Year commences on 1st of Shravan.

ABBREVIATIONS

PBHW	- Panchayat Based Health Workers
FP/MCH	- Family Planning/Maternal and Child Health
FP	- Family Planning
FPO	- Family Planning Officer
IS	- Intermediate Supervisor
HMG	- His Majesty's Government
USAID	- United State Agency for International Development
ANM	- Auxillary Nurse Midwife

I. BACKGROUND AND AIMS OF THE STUDY

A. The Family Planning and Maternal Child Health Project

Family planning and maternal child health care services were first made officially available in Nepal in 1968 with the establishment of the Nepal Family Planning and Maternal Child Health Board. "Its terms of reference clearly stated that the Board would take measures to reduce the crude birth rate and to provide maternal and child health services in an organised manner throughout the country. This was the start of the provision of family planning services as part of over-all population policy. The FP/MCH Project, under the direction of the FP/MCH Board, has since been providing family planning services, education, research and training, as well as the usual Maternal and Child Welfare Services"^{1/} At that time, family planning organisations throughout the world were searching for the right approach to reduce fertility rates and, in fact, they still are. No cross-culturally applicable formula has emerged. So, from its inception, the Board's policy was to maintain, as far as possible, a spirit of experimentation in the development of a family planning programme for Nepal.

In Nepal so many children die in infancy that, on average, women have to bear six or seven children in order to ensure that one or two sons survive into the parents' old age. It was felt that the programme in Nepal would have a better chance of success if basic maternal and child health care was provided along with contraceptives. This was the rationale behind the combined FP and MCH approach.

^{1/} Badri Raj Pande, Chapter VII, p. 67, Population of Nepal Country Monograph Series No. 6, U.N., Economic and Social Commission for Asia and the Pacific, Bangkok 1980.

At first these services were provided by health aides in clinics throughout the Kingdom. In the early '70s it was realised that a different approach was needed. Project staff felt that the existing system was not sufficient to educate people living in the remote villages to make them feel the need to practice family planning or to meet the demands already existing. It was decided, therefore, to test the feasibility of delivering these services through mobile workers, on a house-to-house basis.

With this in mind, in 1972 the FP/MCH Project launched two pilot projects in Banke and Nuwakot. Both projects aimed to discover whether mobile workers would actually encourage larger numbers of contraceptive acceptors and higher pill continuation rates. The Nuwakot Pilot Project had an additional objective which was to develop a system of estimating various fertility measures such as birth, death and age-specific fertility rates and open intervals. This type of information was urgently needed to assess the extent of the population problem in the country.

In both projects ten panchayats were selected and health aides assigned to each one. (They were later called panchayat-based health workers - PBHWs.) Before being posted they were given six weeks intensive training. Their first task was to make a list of all fertile couples in the panchayat and then to visit them, encouraging them to adopt family planning and providing basic health care for mothers and children as requested. Their work was supervised by local Family Planning Officers and their progress was monitored at intervals by staff from the Central Office.

The pilot projects continued for two and a half years during which time a number of reports were published. These indicated that the performance of panchayat-based health workers was superior to that of clinic-based aides. They were better able to provide services to villagers in remote areas and the pill

acceptors they recruited tended to have higher 12-month continuation rates than those recruited by clinic-based health aides.

In 1976 a further experimental project was launched in the districts of Gorkha and Dhanusha to test the field-based model of PBHW training which had recently been introduced and to examine their work performance as a function of their age, sex, marital status and education. The aim was to discover whether performance was related to these variables and if so, to determine the optimum mix of health worker characteristics.

In each district ten panchayats were selected as experimental areas to which PBHWs who had received field-based training were sent. Performance of workers in these areas was compared with performance of workers in non-experimental panchayats in the same two districts. The results, in terms of numbers of pill acceptors and continuation rates were markedly better in the experimental than in the non-experimental areas. They indicated that field-based training, coupled with attention to supervision and the timely supply of materials could accelerate the adoption of fertility control behaviour.

During the last decade, therefore, based on the evidence of the experimental projects, there has been a shift away from the static, clinic-based system of service delivery and today the FP/MCH Project employs 1172 EBHWs who are providing family planning and maternal and child health services on a door-to-door basis.

For the past three years USAID has been providing financial support for the FP/MCH Project and, in May 1981, it requested New ERA to carry out the present study.

B. Aims of the Study

The broad objectives of the study, as defined in the contract between USAID/Nepal and New ERA, were "to gather information regarding the performance of the FP/MCH Project's Panchayat Based Health Workers, analyse the results and provide the USAID/Nepal with an assessment of the programme's performance to date, its operational effectiveness and the impact of PBHWs against the Government of Nepal's stated objective to provide basic MCH information and services and to act as motivators for family planning".

The first objective of this study is to present an evaluation of PBHW job performance both in terms of the quality and quantity of services being provided. In order to assess the quality of their work PBHWs were asked to list as many of their responsibilities as possible and then this was compared with the official job description. They were tested on various aspects of their work, for example, what instructions they give to new pill acceptors. They were also asked which type of work they particularly enjoyed and which they did not in order to assess their attitudes towards work. Information from Monthly reports and other records was noted by interviewers to obtain quantitative measures--for example, numbers of couples visited, numbers of condoms and pill cycles distributed and so on.

Due to the dearth of recent and reliable demographic data the extent to which the work of PBHWs is having a direct effect on the population growth rate is largely a matter for conjecture but it is hoped that the results of the 1981 National Census may help to shed light on this. One alternative way of gauging their effectiveness, or at least, potential for effectiveness, is to look at attitudes towards them among the villagers with whom they work. In the course of the survey New ERA interviewed more than 2000 villagers living in panchayats to which PBHWs

had been assigned in order to assess the acceptability of the workers themselves, their message and the services they provide.

Another purpose of the study is to make an evaluation of the system of service delivery. The first chapter of the report deals with the selection and allocation of panchayats for placement of PBHWs and their recruitment, it focusses on the procedure and personnel involved and criteria used in decision-making. An assessment is made of the PBHW reporting system, their supply networks and training programmes. New ERA also examines the worker supervision system and the channels of communication which link the field worker, through his Intermediate Supervisor and District Family Planning Officer with the FP/MCH Central Office. In many cases the operational system is compared by Development Region^{1/}

The findings of the study are analysed by the following variables:

- age
- sex
- marital status
- number of children (community respondents)
- education
- residence (in the case of PBHWs--local or non-local)
- length of service
- position in local panchayat (community respondents)
- Development Region

Special efforts were made throughout the study to be sensitive to the opinions and needs felt by PBHWs, ISSs, FPOs, members of the communities in which PBHWs work and personnel involved in the training programmes and at Project Headquarters. It is

1/ This study has followed the recently modified scheme for division of development regions, i.e. Far Eastern, Eastern, Central, Western and Far Western Development Regions.

hoped that our summary of recommendations in the final chapter is a faithful reflection of the problems and needs perceived by those people most involved.

Specifically, the objectives of this study are:

1. To discover how far EBHMs are achieving the aims of the FP/MCH Project in terms of both the quality and quantity of services being delivered.
2. To analyse and evaluate the system of service delivery.
3. To identify problem areas in EBHM performance and the system of service delivery and to suggest ways of overcoming them.

7-

II. METHODOLOGY

The bulk of the data for this study was obtained through structured questionnaires administered to various primary sources: District Family Planning Officers, Intermediate Supervisors, PBHWs and residents of the communities served by them.^{1/} PBHW records and supplies were examined. In addition, personal interviews of an informal nature were held with officials from USAID, FP/MCH Project and other departments concerned with the Project. A senior member of New ERA staff was assigned to work full time on the training component of the study. He had discussions with officials at FP/MCH Central Office (Training Division) and, together with other members of the research team, observed a training programme held in Kavre Palanchowk during the month of July.

questionnaires
interviews

When they arrived back from field visits, each field team was asked to present a field report based on informal discussions with the people they interviewed and including their general impressions about the programme. These reports have also been used as a source of information for the Final Report.

A. Study Design and Sample Size

Panchayat based health workers are currently providing services in 44 districts and are scattered throughout 13 of the 14 zones into which Nepal has been divided. According to the latest list of FP/MCH clinics issued by the FP/MCH Central Office,^{2/} there are a total of 1172 PBHWs. This total includes 131 workers who are paid according to HMG rules and regulations and whose conditions of employment, therefore, differ from the workers employed on contract basis. For the purpose of the present

^{1/} Translations of these questionnaires appear in Appendix A.

^{2/} February 1981.

study these workers have been excluded and our study concerns only the 1041 FP/MCH workers who are employed on a contract basis. Solukhumbu District was excluded from the sample since all the PBHWS working there are regular HMG employees.

To obtain the best possible representation of the programme area, New ERA decided to visit all 43 districts. It was agreed to take a sample of 200 PBHWS. This represents approximately one fifth of the total number of PBHWS employed on contract basis by the FP/MCH Project.

In each of the 43 districts the following personnel were interviewed:

1. PBHWS: Approximately 20 percent of the total number of PBHWS employed on a contract basis were selected for interview.

2. FPOs: In every district the Family Planning Officer is responsible for the FP/MCH programme. In some cases, the FPO has responsibility for more than one district. In such cases, separate questionnaires were administered for each district under his authority.

3. ISs: The Intermediate Supervisor of each sampled PBHW was interviewed.

4. Community: Ten residents from each community served by the sampled PBHWS were interviewed. This number included at least one community leader.

3. Sampling Technique

1. PBHWS: In the FP/MCH list mentioned above, the panchayats where PBHWS are deployed are

categorised by district and numbered according to an alphabetical listing of the panchayats. First, those panchayats containing PBHWs who are regular HMG employees were crossed out and the remaining panchayats numbered serially. The first panchayat to be sampled in each district was chosen by taking a number from a Random Number Table^{1/}. This number was matched against the panchayat with the corresponding number. Once the first panchayat had been selected, subsequent panchayats were selected by taking every fifth panchayat in the list. Nineteen percent of PBHWs in each district were selected for the sample. If, for any reason, sample PBHWs were unavailable for interview, interviewers had recourse to a list of 100 percent alternate panchayats which had been randomly selected in the same way.

2. Community: Ten local residents who had both heard of and met the PBHW were interviewed by the field teams in each panchayat visited. The only criteria were that respondents had to be married and selected from households at varying distances from the residence of the PBHW, that is, field teams had to interview some villagers who live close by to the PBHW, some a little further away and some at the edge of the panchayat boundary.

C. Data Collection Procedures

The 43 sample districts were arranged into 15 groups according to accessibility. (See Appendix B for grouping of districts.)

^{1/} Damie and Heath "Basic Statistical Methods".

Fourteen field teams were formed, each consisting of one team leader and one enumerator. The fifteenth group, consisting of the three remaining districts--Sindhupalchowk, Kavre Palanchowk and Kathmandu--were covered by a field team who had returned from the field earlier than the others. In some cases, where the field team had more than 20 panchayats to cover, team leaders were assigned two enumerators instead of one. In the field, locally-hired enumerators were used to help administer the community questionnaire.

Initially, all team leaders were given a week's training in the use of the PBHW and community questionnaires. All team leaders, along with the Project Director, pretested these two questionnaires in Gorkha and Kavre Palanchowk districts. After the pretest, training commenced for all field team members, leaders as well as enumerators, on administering all four questionnaires. During the training field team members were taught various techniques of administering survey questionnaires. Also the medical supplies and report forms provided to PBHWs were demonstrated and explained to them. This second phase of training lasted for one week.

When training was completed, all the field teams departed for data collection. The first teams left on the 14th of June and the last team returned in the first week of August.

D. Respondents Interviewed

A total of 37 Family Planning Officers were interviewed. This figure is less than the number of districts visited because, in some cases, an FPO is responsible for more than one district. 119 Intermediate Supervisors and 195 PBHWs were interviewed. Altogether, a total of 2,838 community respondents were interviewed.

The list of FP/MCH clinics issued by FP/MCH Central Office in February 1981 distinguishes between HMG employed workers and

those employed directly by the project and, as mentioned above, New ERA's sample was chosen from the latter group only. Unfortunately, when they were visited for the survey it was found that a few of those sampled were actually employed by HMG. Since both sets of workers have the same job description, salary etc. it was decided that their inclusion would probably make little difference to the results. It would, of course, have been interesting to compare the performance of both groups, but the number of HMG employed PBHWS interviewed is too small to be representative.

New ERA research teams visited 43 districts, but PBHWS were interviewed in only 40 districts. In Sindhupalchowk district there were no PBHWS on contract basis, thus none were interviewed. It had been decided not to renew the contracts of all the PBHWS in Kavre Palanchowk District, a few days prior to the survey there^{1/}. However, residents from two panchayats in this district where PBHWS had been working were interviewed to obtain community responses to the PBHW programme. In Kathmandu district there was supposedly one PBHW employed on a contract basis within Kathmandu Nagar Panchayat but this PBHW could not be traced despite discussions with several officials in the FP/MCH Project Central Office.

E. Problems Encountered During the Survey and Limitations

Field teams experienced some difficulties in conducting interviews in the sampled panchayats. In some panchayats the PBHW post was vacant or the incumbent away on training. There were several instances where a sample panchayat, taken from the list of clinics provided by FP/MCH Central Office, was not

^{1/} On 16 July 1981 (this corresponds to 1st Shrawan 2038 in the Nepalese calendar, the beginning of the Nepalese fiscal year) a circular was sent to all districts to discontinue those PBHWS who were not local, i.e. those PBHWS who were not residents of the panchayats in they were working. All PBHWS in this district were found to be non-local.

actually in the district visited or no panchayat of that name could be found. Because the survey was conducted during the monsoon, in some cases it was not possible to reach the sample panchayat because of floods, swollen rivers and broken bridges. The fact that the survey was carried out at the end of the fiscal year also created problems as many PBHWs had been called to the District Office. As a consequence, in some cases, their supplies and records could not be examined. In fact, out of a total of 195 panchayats visited, 60 of these (30 percent) were chosen from a list of alternates but as these were selected randomly in the same way as the sample, results are unlikely to be affected.

An examination of PBHW records was to play an important part in New ERA's evaluation of their job performance. It was found, however, that in many cases records were missing or incomplete for a variety of reasons. Only 28 percent had complete and up-to-date Ward Registers. Approximately 40 percent did not prepare pill acceptor follow up cards or keep a diary and in roughly 20 percent of cases field teams were not able to examine PBHW monthly reports. This is likely to place limitations on New ERA's evaluation of direct impact in terms of numbers of acceptors, couples visited and so on. Although approaching the problem from a different angle, the information obtained from the community questionnaires supplements data from PBHW records, and the study is able nonetheless to give an indication of the level of programme impact.

The fact that so many field teams (14 of them) were involved in the survey may have introduced irregularities and inconsistencies into the questionnaire data due to differences in interviewers' approach, methods of recording responses and so on. In view of the short period of time allowed for the study, this seems to have been an unavoidable limitation.

Efforts were made to use female interviewers in the survey, but, as is often the case in Nepal, it proved very difficult to persuade female interviewers to go to the field, particularly as it was the monsoon season. The field teams were instructed to hire some women locally as enumerators but most were unable to do so.

Finally, the scope and limitations of the survey method itself should be mentioned. As Campbell, Stone and Shrestha point out in the 'Use and Misuse of Social Science Research in Nepal' the limitations of the survey method are manifold. The answers to questions designed to elicit opinions and attitudes, for instance, may be influenced by the respondent's view of what he ought to say or the desire to please or impress either the interviewer or other observers. Responses may also be subject to problems of recall. And the type of language used in the framing of questions may not be entirely suitable nor even completely comprehensible by all, especially villagers in the remote areas. In order to minimise these constraints, the field team leaders were allocated to those districts where they had some understanding of the local language and also interviewers were hired locally to help administer the questionnaires.

In order to gain a more reliable picture of PBHW performance, and to complement survey data, it would have been desirable to have trained observers monitor the progress of several individual PBHWs over a long period--living in the community, getting to know the worker, accompanying him on household visits and making informal enquires about him among villagers. Whilst admitting the likelihood of some distortions and inaccuracies in data caused by such problems, New ERA maintains nonetheless that surveys of this kind are able to give maximum in-depth coverage of a subject, given the limited time available, which in this case was nineteen weeks.

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III. CHARACTERISTICS OF THE SAMPLE

A. Profile of Sampled PBHWS

Out of a total of 195 PBHWS interviewed in the survey, a sizeable majority of 160 workers, or 82 percent, were male and only 35 of them, or 18 percent, were female. Just over half were in the age category of 15 to 24 years, 42 percent were aged between 25 and 34 and only five percent over 35 years old. Three quarters of the sample were married and most had six to ten years of schooling. One third of them had been employed as PBHWS for between two and three years while a slight majority had been working for between one and two years. Eleven percent had been employed by the Project for less than a year.

Twice as many workers had been trained in mobile training camps than at the permanent training centres and only three percent had not received any training at all. A large majority of PBHWS were residents of the panchayats to which they had been assigned and only 23 workers or 12 percent of the total, were from a panchayat other than that in which they work.

The sample PBHWS were not distributed evenly throughout the five development regions. The largest number of respondents (36 percent) were from the Central Region while only nine percent of the total respondents were from the Far Western Region (see Table 3.1).

Table 3.1 : Background Profile of PBHWs

Background Variables	Number of Respondents	Percentage of Respondents
<u>Age</u>		
15-24 yrs	104	53
25-34 yrs	81	42
35 yrs and above	10*	5
<u>Sex</u>		
Male	160	82
Female	35	18
<u>Marital Status</u>		
Married	149	76
Unmarried	46	24
<u>Education</u>		
Grade 1-5	8*	4
Grade 6-10	162	83
SLC and above	25	13
<u>Length of Service</u>		
Less than 1 yr	22	11
Completed 1 yr	104	53
Completed 2 yrs	66	34
Three yrs and above	3*	2
<u>Training</u>		
Trained at training centre	61	31
Trained at mobile camp	129	66
Not trained	5*	3
<u>Residence</u>		
Local	172	88
Non-Local	23	12
<u>Development Regions</u>		
Far Eastern	41	21
Eastern	38	19
Central	70	36
Western	29	15
Far Western	17*	9
Total Respondents	195	100

* Denotes less than 10 percent of total sample.

B. Profile of Intermediate Supervisors

It appears from the survey that there is only a slight difference in the age distribution of supervisors and PBHWs. Just under half of the ISSs interviewed (49 percent) were aged between 15 and 24 years and about the same percentage were aged between 25 and 34 years. Only four supervisors were over 35 years old. As with PBHWs, the majority of ISSs are male and married. Out of a total of 119, there were only five female supervisors and only 18 percent were unmarried. They tend to have a higher level of education than PBHWs, indeed, SLC is the minimum qualification for the job. Twelve percent, however, had not passed SLC. Since the ISSs interviewed were those responsible for the supervision of the sampled PBHWs, their regional distribution is approximately the same as the PBHW sample (see Table 3.2).

Table 3.2 : Background Profile of ISSs

Background Variables	Number of Respondents	Percentage of Respondents
<u>Age</u>		
15-24 yrs	58	49
25-34 yrs	57	48
35 yrs and above	4	3
<u>Sex</u>		
Male	114	96
Female	5	4
<u>Marital Status</u>		
Married	97	82
Unmarried	22	18
<u>Education</u>		
Passed SLC ^{1/}	105	88
Not passed SLC	14	12

^{1/} School Leaving Certificate, usually taken at Grade 10.

<u>Development Regions</u>		
Far Eastern	23	19
Eastern	24	20
Central	43	36
Western	17	14
Far Western	12	10
<hr/>		
Total Respondents	119	100

C. Profile of Community Respondents

Community respondents interviewed in the survey fall into three categories:

1. Respondents who were not aware that a PBHW had been hired to work in their panchayat. (638)^{1/}
2. Respondents who had heard that a PBHW had been hired but had not yet met him. (536)
3. Respondents who had been visited by the PBHW. (1664)

Since the aim of administering the questionnaire to members of the community in which PBHWs were employed was to find out the villagers' view of PBHWs and their work, full interviews were taken only with the third category of respondents, i.e., those who had actually met the worker. The personal characteristics of respondents who had not met the local PBHW are presented in Appendix C and since they do not differ significantly from those who had been visited, the following profile is drawn from the third category only.

Slightly more men than women reported that they had been visited by the PBHW. Fifty-eight percent of the sample were male and 42 percent female. This may mean either that men were

^{1/} Figures in parenthesis denote the number of respondents in each category.

more willing to be interviewed by the field teams or that, overall, more men than women are actually visited, or both statements may be true. The largest proportion were aged between 25 and 34 years, although almost a third were between 35 and 44 years. Sixteen percent were less than 24 years and the same percentage were over 45 years old. About two thirds of those who reported having met the PBHW had between two and five children and lived less than an hour's walk from the PBHW's house (see Table 3.3).

Since community leaders can often be agents for change in society and therefore, particularly important in the FP/MCH programme, a special effort was made to include them in the survey. The community respondents included 158 Ward Representatives, and 108 Pradhan Panchas and Upa-Pradhan Panchas. With regard to the regularity of visits made by PBHWs to the respondents, 32 percent said he visited very regularly, 37 percent said he came regularly and 29 percent felt his visits were irregular. As the Central Region was best represented in the PBHW sample, the largest number of community respondents also came from this region.

Table 3.3 : Community Respondents Who Had Met the PBHW

Background Variables	Number of Respondents	Percentage of Respondents
<u>Age</u>		
15-24 yrs	261	16
25-34 yrs	641	39
35-44 yrs	499	30
45 yrs and above	263	16
<u>Sex</u>		
Male	960	58
Female	704	42

Number of Children

None	90	5
1	189	11
2	252	15
3	294	18
4	288	17
5	234	14
6	170	10
7	84	5
8 or more	63	4

Walking Distance Between
respondent's and the PBHW's House

Up to 1 hr	1156	69
1 to 2 hrs	232	14
2 to 3 hrs	165	10
3 to 6 hrs	76	5
6 to 8 hrs (1 day)	10	*
More than 8 hrs (1 day)	6	*
Don't know	17	1
No response	2	*

Education

No education	781	47
Up to 5 class	582	35
5-10 class	216	13
SIC and above	85	5

Political Position

No position	1378	83
Pradhan/Upa-Pradhan Pancha	108	6
Ward Representative	158	9
Others	14	*
Teachers	6	*

Regularity of the PBHWs' Visits

Very regular	540	32
Regular	618	37
Irregular	497	29
No response	9	*

Development Regions

Far Eastern	379	23
Eastern	313	19
Central	664	40
Western	202	12
Far Western	106	6

Total Respondents	1664	100
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* Denotes less than one percent.

IV. DECISION-MAKING IN THE SELECTION OF PANCHAYATS TO RECEIVE PBHW SERVICES AND RECRUITMENT OF PBHWs

Information concerning the selection of panchayats to receive PBHW service and recruitment of PBHWs was obtained from questionnaires administered to FPOs and the community. The first part of this chapter focusses on FPO responses. There were six questions altogether on allocation of panchayats for assignment of PBHWs and recruitment in the FPO questionnaire and 37 FPOs, responsible for 39 districts were interviewed. Nine of them were from the Far Eastern Region, five from the Eastern Region, 11 from the Central Region, seven from the Western Region and five from the Far West. In 10 districts the FPO was absent at the time of the survey so acting FPOs were interviewed. Of these, two were in the Far East, two in the Western and two in the Far Western Regions. All the FPOs interviewed were male and had been FPOs for various lengths of time.

A. Selection of Panchayats to Receive PBHW Services

1. Allocation and Placement

Officially the allocation procedure for deciding which panchayats are to receive PBHWs is as follows. Recruitment targets are established by officials involved in development planning and laid down in the Annual and Five Year Plans. The FP/MCH Central Office then requests its district offices to suggest how many new PBHWs are required in their districts. This figure should be approved by the District FP/MCH Coordinating Committee (DFPCC). The following people should be members of this committee.

- | | |
|-----------------------------|----------|
| District Chairman | Chairman |
| Chief District Officer | Member |
| District Hospital In-charge | Member |

Women's Organisation Representative	Member
Family Planning Officer	Secretary

The number proposed by the district then has to be approved by the National FP/MCH Board. The choice of which panchayats are to be assigned PBHWs is left to the discretion of the local DFPC but should be based on the official allocation criteria.

2. Procedure

Just under half of the respondents reported the allocation procedure correctly while it was found that 19 of them, including five acting FPOs, only partially understood it. Of these 19, eight were from the Far Western and Western Regions, five from the Central Region, one from the Eastern and five from the Far Eastern Regions. Eight FPOs reported that the selection of new panchayat based centres was based on the decision of the DFPC alone. The remaining eleven FPOs cited criteria for allocation of panchayats instead of the procedure which suggests there may have been some confusion over the exact meaning of the question.

3. Criteria

The criteria established by the FP/MCH Project for allocation of panchayats are that workers should be placed where there is no existing PBHW or Integrated Health Post. Among these, priority is given to panchayats with large populations. The correct criteria were reported by 17 FPOs. These were three from the Far Western Region, five from the Western Region, five from the Central Region and four from the Far Eastern Region. No FPO in the Eastern Region was able to cite the official criteria correctly and just under half gave the correct answer in the Far East and Central Regions. Respondents from 20 districts gave answers that were only partially

correct, incorrect or no answer at all. These responses included the following:

- a. "Panchayats which do not have an Integrated Health Post or an FP clinic and are a long way from the District Office are recommended by the DFPC".
- b. "Panchayats with no Integrated Health Post are selected once a number has been allocated by Central Office".
- c. "Panchayats with no Integrated Health Posts are selected".
- d. "One out of every four or five panchayats of the district is selected so that neighbouring panchayats will also have knowledge of FP".
- e. "A list of panchayats where there are no PBHs is sent".
- f. "Panchayats where there are no Junior Auxilliary Health Workers are selected with priority according to the size of population".
- g. "All panchayats now have PBHs so there is no need for more PBHs".

These responses suggest that most of the respondents were aware of the general gist of the criteria but more than half were unable to cite them exactly. This situation may have given rise to inconsistencies in allocation policy at district level and suggests the need for the official criteria to be reaffirmed with FPOs.

4. Personnel Involved

All the FPOs said that the DFPC is concerned with the allocation of panchayats for PBHW assignment. FPOs from 13 districts said that this committee also includes local Rastriya Panchayat members (two of the Far Eastern, three of the Eastern, four of the Central, three of the Western and one of the Far Western Region). FPOs in three districts said that a representative of the Family Planning Association of Nepal also sat on the committee. Staff nurses from the district hospital were represented in four districts and in one district an official from the Public Health Office was also a member.

3. Selection of PBHws

1. Recruitment and Selection Process

It was found that PBHW vacancies are usually advertised but nine FPOs said that they are selected from candidates recommended by the Pradhan Pancha or village panchayat members. Respondents from 12 districts reported that the DFPC or a special recruitment committee interviewed and selected prospective workers.

2. Criteria

Only 17 out of 37 FPOs said that the PBHW should be a local person when first asked to list criteria for choosing them. Only one of the nine FPOs from the Far East, six of the 11 FPOs of the Central Region, four of the seven in the West and two of the five from the Far Western Region indicated that the PBHW should be a local resident. Four FPOs said that residents of other panchayats could be recruited if local people were not available. However, when the question was asked whether any special effort should be made to recruit local people, 36 out of 37 responded positively.

Only 12 FPOs (four in the Far East, two in the East, two in the Central, two in the West and two in the Far West) five high priority to recruiting females when asked to list recruitment criteria. Another four respondents indicated that females should be recruited if possible. But again, when they were asked whether any special attempt was made to recruit females, 34 said yes. Twenty FPOs said that PBHWs should have a minimum of eight to ten years schooling and be literate--seven out of nine in the Far East, all in the East, five out of 11 in the Central, only one out of seven FPOs in the West and two of the five in the Far Western Region. This suggests that FPOs in the Western Region may possibly have been placing less emphasis on educational attainment when selecting PBHWs (see Table 4.1).

Table 4.1 : Preferred Type of PBHW Candidate According to FPOs by Regions

Development Regions	Total Number of FPOs	Criteria (Selected only)				
		Local Person	Fe-male	Social Worker/Sudeni/Dhami Jhankri	Education Ranging from Grade 8 to 10	Literate but not necessarily having attended School
Far Eastern	9	1	4	3	7	2
Eastern	5	4	2	4	5	-
Central	11	6	2	2	5	6
Western	7	4	2	3	1	6
Far Western	5	2	2	1	2	3
All Regions	37	17	12	13	20	17

3. Personnel Involved

All FPOs said that the DFRCC was involved in the selection and recruitment of PBHWs and this committee actually carried

out interviews with candidates. In some districts a sub-committee, specifically for recruitment, had been formed.

a. Community Involvement in PBHW Recruitment: According to information received from officials at the FP/MCH Project, the community should be represented on the recruitment committee. In the community questionnaire respondents were asked to say whether they had been consulted in the recruitment of PBHWs (see Table 4.2). Fifty-one percent of Pradhan Panchas and Upa-Pradhan Panchas said they had been consulted but only three percent of those not holding any office said they had been. Those who said they had been consulted were then asked if they thought their suggestions had influenced the selection of the PBHW. Eighty-two percent said their suggestions had influenced the final decision, 13 percent said it had not and five percent did not respond.

Table 4.2 : Percentage of Community Respondents Who Said They were Consulted in the Recruitment of PBHWs, by Political Position

Background Variables	Total Number of Respondents	Percentage of Respondents Who Said	
		Yes	No
No position	1378	3	97
Pradhan/Upa-Pradhan Pancha	108	51	49
Ward Representative	158	14	86
Others	14	29	71
Teachers	6	-	100
Total Respondents	1664	7	93

b. The Role of the Pradhan Pancha: It was mentioned above that nine FPOs said that PBHWs were selected from candidates

recommended by the Pradhan Pancha or village panchayat members. Evidence from the community questionnaire and from Field Reports based on informal discussions with employees of the Project and villagers suggest, however, that the Pradhan Pancha very often plays an important role in the selection of PBHWS.

In the course of discussions with FPOs, the field teams heard arguments both for and against the involvement of Pradhan Panchas in the recruitment process. One FPO said that the Pradhan Pancha should not have the power to appoint EBHWS because there is a tendency to appoint only friends or relatives. Another said that in some cases, a worker is appointed on the recommendation of the Pradhan Pancha and when his term of office is over, the new Pradhan Pancha will not support the EBHW appointed by his predecessor. A third FPO said that pressure from local leaders in the recruitment of PBHWS and ISSs can make it difficult to appoint efficient workers. On the other hand, in several districts the Pradhan Pancha and other local leaders did not give their support to PBHWS, which made their work difficult. Indeed, in at least one case, the Pradhan Pancha was actively discouraging villagers from accepting family planning. Another FPO said that PBHWS should work under the guidance of Pradhan Panchas. So the involvement of local leaders in the recruitment of PBHWS is an issue upon which the opinion of FPOs is divided.

V. QUALITATIVE ASPECTS OF PBHW JOB PERFORMANCE

As an indication of the quality of PBHW job performance, all sampled workers were tested on their knowledge of their job description and various aspects of their work. They were then asked to say which aspects of the work they enjoyed doing and which they did not. And finally, supervisors were asked to rate the level of knowledge of their workers concerning their duties and to evaluate their overall job performance.

A. Knowledge of Job Description

In order to assess the extent to which PBHWs are aware of their specific responsibilities and duties, they were asked to list as many aspects of their work as possible. Their responses were matched against a list of 19 activities drawn up by New ERA, based on the official job description^{1/} and information obtained from officials at FP/MCH Central Office. Both unprompted and prompted responses were taken into consideration. As Table 5.1 shows, almost all PBHWs were able to cite all 19 activities. Pill and condom distribution, family planning motivation, revisits to acceptors, education in the spacing of children and daily record maintenance were cited by all respondents. Only one percent of the sample was not aware that environmental health education and the preparation of Monthly Reports formed part of their duties and only two percent failed to cite nutrition education, referral of the sick, rehydration education and distribution of medicine. Eleven percent of respondents did not cite education on immunisation and a further 11 percent did not mention organisation of immunisation camps. But the overall level of PBHW knowledge of their duties is encouragingly high.

1/ In Field Services Manual, FP/MCH, 2033

Table 5.1 : PBHWs Knowledge of Their Job Description

Background Variables	Percentage of Respondents Who Cited the Following																				
	Total Number of Respondents	Pill Distribution	Condom Distribution	Preparation of Mark Registers	Family Planning Motivation	Referrals to Acceptors	Rehydration Service	Anaemia Service for Mothers	Nutrition Education	Education in spacing of children	Environmental Health Care	Referral of Sick	Rehydration Education	Monthly Report Preparation	Daily Record Preparation	Organise Vasectomy Camps	Organise Immunisation Camps	Organise Laparoscopy Camps	Distribute Medicine	Immunisation Education	Others
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<u>Age</u>																					
15-24 yrs	103	100	100	95	100	100	97	93	99	100	100	99	99	99	100	98	90	95	97	90	40
25-34 yrs	81*	100	100	99	100	100	95	96	96	100	100	96	96	100	100	98	89	99	100	86	43
35 & above	10*	100	100	100	100	100	100	90	100	100	99	99	100	100	100	80	80	80	100	90	40
<u>Sex</u>																					
Male	159	100	100	96	100	100	96	94	98	100	99	97	97	99	100	98	89	96	98	87	41
Female	35	100	100	100	100	100	97	97	100	100	100	100	100	100	100	91	91	97	100	97	43
<u>Marital Status</u>																					
Married	149	100	100	97	100	100	97	95	98	100	99	98	98	99	100	97	90	96	99	89	40
Unmarried	45	100	100	96	100	100	93	93	100	100	100	98	98	100	100	96	87	96	98	89	49
<u>Education Level</u>																					
Grade 1-5	8*	100	100	100	100	100	100	88	100	100	100	88	88	88	100	75	75	88	100	75	63
Grade 6-10	163	100	100	96	100	100	96	96	99	100	100	99	99	100	100	98	90	96	98	91	43
SIC & above	24	100	100	100	100	100	96	88	96	100	96	96	96	100	100	96	38	96	100	79	21

<u>Length of Service</u>																					
Less than 1 yr	22	100	100	91	100	100	82	86	95	100	95	91	91	100	100	95	68	91	95	91	55
Completed 1 yr	103	100	100	96	100	100	98	97	100	100	100	98	98	99	100	97	91	95	99	89	43
Completed 2 yrs	69	100	100	100	100	100	98	92	97	100	100	100	100	100	100	97	92	98	98	86	35
Completed 3 or more yrs	3*	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	33
<u>Place of Training</u>																					
Permanent Training Centre	61	100	100	100	100	100	98	93	98	100	100	98	97	100	100	93	87	95	100	95	46
Mobile Training Centre	128	100	100	96	100	100	97	96	98	100	100	98	99	99	100	99	91	97	98	86	40
No Training	5*	100	100	80	100	100	60	60	100	100	80	80	80	100	100	80	60	80	80	80	20
<u>Residence</u>																					
Local	171	100	100	98	100	100	96	94	98	100	99	98	98	99	100	96	91	96	98	89	40
Non-Local	23	100	100	91	100	100	106	96	100	100	100	96	96	100	100	100	78	96	100	83	48
Total Respondents	194	100	100	97	100	100	96	94	98	100	99	98	98	99	100	97	89	96	98	89	41

Note: Percentages add up to more than 100 percent since all respondents gave more than one response.

* Denotes less than 10 percent of the total sample.

Note: In one panchayat of Syanja District, the FBIW had not been asked this question. So the total of respondents is only 194.

There are few noticeable differences in the extent of knowledge of the job description when responses are analysed by the background characteristics of workers. The most noticeable difference is in knowledge of immunisation education as part of the job between those trained in permanent and mobile training centres. Ninety-five percent of PBHWs trained in the permanent centres were aware of this activity compared with 86 percent trained in mobile centres. Similarly, there appear to be differences in awareness of rehydration service and anaemia service for mothers in PBHWs who have worked for less than one year and those who have worked for more than one year. The numbers of respondents in these cases are quite small, however, and the differences should be interpreted with caution.

B. Knowledge of Selected Aspects of the Job

1. Distribution of Contraceptive Pills

When the PBHW recruits a new pill acceptor he should tell her certain basic facts about how to use the pill and some of the possible side-effects. All PBHWs were asked what advice they give to new acceptors and Table 5.2 presents data on the percentage of respondents who gave the following advice, analysed by their characteristics:

- take the first pill on the fifth day of menstruation.
- take only one pill each day, in the evening.
- if you forget to take the pill one evening, you should take it immediately you remember about it and also take the regular pill at the usual time.
- possible side effects.

The table reveals that only about half (49 percent) of PBHWs reported telling their clients to take their first pill on the fifth day of menstruation, while the remaining 51 percent

did not. One explanation for this could be that, as the majority of PBHWS are male, they may find it difficult to talk about menstruation with their female clients. The table shows, however, that while 52 percent of the male respondents reported giving this direction, only 37 percent of the females did so, thus suggesting that an alternative explanation lies behind the failure to give this instruction. The percentage of workers who advise women when to start taking the pill is higher among married and non-local PBHWS than their unmarried and local counterparts.

The pill cannot, of course, be an effective method of contraception unless it is taken regularly every day and yet only about half (52 percent) of respondents reported that they tell pill acceptors to take the pill everyday. The percentage of PBHWS who do give their clients this direction was highest among females, PBHWS who had six to ten years schooling, those who had worked for more than two years and those who had been trained at mobile centres.

An even smaller proportion of PBHWS reported telling pill acceptors what to do should they forget to take the pill. Only one third of them told the women to take it the following day as soon as they remember about it. The percentages of workers who reported giving this direction are slightly higher in the age group 25-34 years (37 percent), those who are female (40 percent), unmarried (41 percent) and had been trained in the permanent training centres (43 percent).

It appears, therefore, that only about half the respondents are telling new pill acceptors when to start taking the pill and how often to take it, and only a third of them tell women what to do if they forget to take it. These results have serious implications since women need to be aware of all three directions if they are to be able to use the pill effectively as a means of contraception.

Table 5.2 : Advice Given by EBHWS to New Pill Acceptors

Background Variables	Total Number of Respondents	Take first pill on fifth day of menstruation	Take one pill per day in the evening	Take two pills a day if she has forgotten the previous day	Possible side effects	Gave other advice
	%	%	%	%	%	%
<u>Sex</u>						
Male	160	52	50	32	50	68
Female	35	37	63	40	43	66
<u>Age</u>						
15-24 yrs	104	48	52	31	48	66
25-34 yrs	81	52	52	37	52	67
35 and above	10*	40	60	30	30	90
<u>Marital Status</u>						
Married	149	52	52	31	50	70
Unmarried	46	41	54	41	46	59
<u>Education Level</u>						
Grade 1-5	8*	63	75	63	25	75
Grade 6-10	162	49	54	33	50	65
SLC and above	25	44	32	28	48	84
<u>Length of Service</u>						
Less than 1 yr	22	41	50	32	54	68
Completed 1 yr	104	56	50	31	42	63
Completed 2 yrs	66	44	58	39	58	62
Completed 3 yrs or more	3*	-	33	-	33	67
<u>Place of Training</u>						
Permanent Training Centre	61	51	44	43	66	56
Mobile Training Centre	129	49	57	30	41	74
No Training	5*	40	20	-	40	60

<u>Residence</u>						
Local	172	48	52	33	48	69
Non-local	23	57	57	35	52	57
Total Respondents	195	49	52	33	49	68

Note: Percentages add up to more than 100 percent since most respondents gave more than one response.

* Denotes less than 10 percent of the total sample.

Since large numbers of pill acceptors stop taking the pill during the first few months of use for medical reasons, it is also important for the PBHW to warn them of the possible side-effects so they will not be alarmed if they arise. So the sampled PBHWs were then asked to list the side-effects they were aware of. The percentages citing each side-effect have been analysed by background variables and are presented in Table 5.3.

Three quarters of respondents were able to cite nausea and excess bleeding as side effects. Sixty percent mentioned headaches and just under half of the respondents included weakness. Other side effects were mentioned by 46 percent. Ideally, of course, all PBHWs should mention all the possible side-effects to new pill users.

PBHWs are required to make a follow-up visit to each new pill acceptor a few days after she begins the first cycle of pills, in case she is experiencing any problems. If she is suffering from any of the common side-effects the worker should explain that such effects frequently occur in the early stages of pill taking but tend to pass after a while and he should endeavour to put the woman's mind at rest. Table 5.4 shows that 73 percent of PBHWs reported making follow-up visits to new pill acceptors within 5-10 days.

Table 5.3 : Knowledge of Side Effects of the Pill

Background Variables	Total no. of Respondents	Nausea %	Head-ache %	Back-ache %	Excess bleed- ing %	Weak- ness %	Others %	Don't know %
<u>Sex</u>								
Male	160	74	60	10	74	49	47	1
Female	35	89	60	-	83	49	40	3
<u>Age</u>								
15-24 yrs	104	74	69	10	75	51	46	3
25-34 yrs	81	78	51	6	77	44	44	-
35 and above	10*	90	40	10	70	60	50	-
<u>Marital Status</u>								
Married	149	75	62	8	78	45	44	1
Unmarried	46	80	54	7	67	61	50	2
<u>Education Level</u>								
Grade 1-5	8*	75	25	13	75	50	63	-
Grade 6-10	162	78	63	7	79	49	45	1
SLC and above	25	68	52	12	52	48	44	4
<u>Length of Service</u>								
Less than 1 yr	22	64	45	-	68	45	56	14
Completed 1 yr	104	83	61	12	74	52	42	-
Completed 2 yrs	66	70	64	5	79	45	55	-
Completed 3 yrs or more	3*	100	67	33	100	33	33	-
<u>Place of Training</u>								
Permanent Training Centre	61	79	54	5	74	49	49	2
Mobile Training Centre	129	78	65	10	78	48	46	-
No Training	5*	20	-	-	40	60	-	40
<u>Residence</u>								
Local	172	76	63	8	75	48	48	1
Non-local	23	78	39	9	78	52	30	4
Total Respondents	195	76	60	8	75	49	46	2

Note: Percentages add up to more than 100 percent since most respondents gave more than one response.

* Denotes less than 10 percent of total sample.

Table 5.4 : How Many Days After Recruiting a New Pill Acceptor does the PBHW Usually Make a Follow-up Visit?

Background Variables	Total Number of Respondents	1-5	5-10	11-20	20-30	No Response
		days	days	days	days	
		%	%	%	%	%
<u>Sex</u>						
Male	160	6	77	6	10	1
Female	35	6	80	3	11	-
<u>Age</u>						
15-24 yrs	104	6	80	4	11	-
25-34 yrs	81	7	74	9	9	1
35 and above	10*	-	80	-	20	-
<u>Marital Status</u>						
Married	149	7	79	5	9	1
Unmarried	46	4	74	7	15	-
<u>Education Level</u>						
Grade 1-5	8*	-	75	-	25	-
Grade 6-10	162	7	77	6	10	1
SLC and above	25	-	84	8	8	-
<u>Length of Service</u>						
Less than 1 yr	22	9	73	5	14	-
Completed 1 yr	104	8	80	3	10	-
Completed 2 yrs	66	3	74	11	11	2
Completed 3 yrs or more	3*	-	100	-	-	-
<u>Place of Training</u>						
Permanent Training Centre	61	5	72	8	15	-
Mobile Training Centre	129	7	80	5	8	1
No Training	5*	-	80	-	20	-
<u>Residence</u>						
Local	172	5	77	6	11	1
Non-local	23	13	83	-	4	-
Total Respondents	195	6	77	6	10	1

* Denotes less than 10 percent of the total sample.

2. Knowledge of How to Prepare Sarbottam Pitho

Sarbottam Pitho is a nutritious food which is especially suitable for use in weaning babies and it is part of the PBHW's job to instruct mothers in its preparation and use. When asked if they knew about Sarbottam Pitho, 91 percent of respondents replied that they did (see Table 5.5). Although interviewers were instructed to probe for the most complete answers possible, less than half the respondents were able to describe the method of preparation correctly.

The percentages of PBHWs who cited the correct method of preparation were higher among females, the unmarried and those who have been working for more than one year.

Table 5.5 : PBHWs Who Said they Knew about Sarbottam Pitho and Those who gave Correct Instructions on How to Prepare it

Background Variables	Total Number of Respondents	Percentage of respondents who reported knowing about Sarbottam Pitho	Percentage of respondents who gave correct instructions N=177
<u>Sex</u>			
Male	160	89	39
Female	35	97	60
<u>Age</u>			
15-24 yrs	104	90	46
25-34 yrs	81	91	37
35 and above	10*	90	60
<u>Marital Status</u>			
Married	149	89	40
Unmarried	46	96	52
<u>Education Level</u>			
Grade 1-5	8*	100	38
Grade 6-10	162	90	46
SLC and above	25	92	28

<u>Length of Service</u>			
Less than 1 yr	22	86	32
Completed 1 yr	104	93	55
Completed 2 yrs	66	92	38
Completed 3 yrs or more	3*	-	-
<u>Place of Training</u>			
Permanent Training Centre	61	89	39
Mobile Training Centre	129	92	50
No Training	5*	80	20
Total Respondents	195	91	46

N= Total Respondents

* Denotes less than 10 percent of the total sample.

3. Knowledge of How to Prepare Rehydration Solution (Jivan Jal)

Since many infants suffer from diarrhoea in Nepal, another important part of the Maternal and Child Health aspect of the programme is providing instructions on how to prepare rehydration solution. When asked if they knew about rehydration solution an overwhelming majority (97 percent) said "Yes" although, when asked to explain how to make it, slightly less than two thirds of respondents were able to give the correct answer. Surprisingly, about two thirds of PBHs with six to ten years of schooling gave the right instructions while only about half of those who had passed SIC were able to do so (see Table 5.6).

Table 5.6 : PBHs Who said They Knew about Rehydration Solution and Those who gave Correct Instructions on How to Prepare it

Background Variables	Total Number of Respondents	Percentage of respondents who said they knew about rehydration solution	Percentage of respondents who gave correct instructions N=189
<u>Sex</u>			
Male	160	96	61
Female	35	100	66
<u>Age</u>			
15-24 yrs	104	98	63
25-34 yrs	81	95	57
35 and above	10*	100	80
<u>Marital Status</u>			
Married	149	98	62
Unmarried	46	94	61
<u>Education Level</u>			
Grade 1-5	8*	88	50
Grade 6-10	162	98	64
SLC and above	25	92	52
<u>Length of Service</u>			
Less than 1 yr	22	82	36
Completed 1 yr	104	100	66
Completed 2 yrs	66	97	61
Completed 3 yrs or more	3*	100	100
<u>Place of Training</u>			
Permanent Training Centre	61	97	67
Mobile Training Centre	129	98	60
No Training	5*	60	20
Total Respondents	195	97	62

* Denotes less than 10 percent of the total sample.

C. Attitudes of PBHs Towards Aspects of Their Work

A further indicator of the quality of services being delivered by PBHs is whether they feel positive or not towards their work and so when PBHs were asked to list the duties they have to perform they were also asked if they liked doing each activity. The percentages expressing a positive attitude towards their activities are very high although, of course, responses may have been influenced by the desire to give the answer which they suspected would most please their superiors. Fewer respondents said they liked giving information on immunisation and organising immunisation camps than said they liked doing the other tasks (see Table 5.7).

Table 5.7 : FBHWs Who Said They Liked doing Various Aspects of Their Work

Background Variables	Total no. of Respondents	Percentages of Respondents Who Cited the Following																			
		Pill Distribution	Condom Distribution	Preparation of War. Registers	F.P. Motivation	Revisits to Acceptors	Rehydration Service	Anaemia Service for Mothers	Nutrition Education	Ed. in Spacing of Children	Environmental Health Care	Referral of Sick	Rehydration Education	Monthly Report Preparation	Daily Record Preparation	Organise Vasectomy Camps	Organise Immunisation Camps	Organise Laparoscopy Camps	Distribute Medicine	Immunisation Education	Others
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<u>Sex</u>																					
Male	150	99	97	93	99	99	94	92	97	99	98	96	96	97	98	97	84	94	97	84	40
Female	35	97	94	97	97	97	94	91	97	97	97	97	97	97	97	91	86	91	97	91	43
<u>Age</u>																					
15-24 yrs	103	100	99	94	100	100	96	91	99	99	99	98	97	97	96	98	83	94	96	88	40
25-34 yrs	81	96	44	93	96	96	91	94	95	98	96	94	94	98	98	96	85	94	98	80	42
35 & above	10*	100	100	100	100	100	100	90	100	100	100	100	100	100	100	80	80	80	100	90	40
<u>Marital Status</u>																					
Married	149	98	96	93	98	98	95	93	97	98	97	96	95	97	97	97	85	93	97	86	38
Unmarried	45	100	100	96	100	100	93	91	100	100	100	98	98	100	100	96	80	96	98	82	49
<u>Education Level</u>																					
Grade 1-5	8*	100	100	100	100	100	100	83	100	100	100	88	88	88	100	75	75	88	100	63	63
Grade 6-10	162	99	97	93	99	99	95	93	98	98	98	97	97	98	98	98	85	94	97	87	43
SIC & above	24	96	96	96	96	96	88	88	96	100	96	96	92	100	100	96	83	92	96	75	21

Cont'd...

<u>Length of Service</u>																					
Less than 1 yr Completed	22	100	100	91	100	100	82	82	95	100	95	91	91	100	100	95	64	91	95	82	55
1 yr Completed	103	100	99	96	100	100	97	97	100	99	99	97	96	98	99	97	85	93	98	88	42
1 yr Completed	66	95	92	91	95	95	92	88	92	97	97	97	97	95	95	95	88	92	95	80	33
2 yrs Completed	3*	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	33
3 yrs or more																					
<u>Place of Training</u>																					
Permanent Training Centre	61	97	95	95	97	97	95	87	95	97	97	95	93	95	93	92	75	89	97	87	44
Mobile Training Centre	128	99	98	94	99	99	95	96	98	99	98	98	98	98	100	99	89	96	98	84	40
No Training	5*	100	100	80	100	100	60	60	100	100	80	80	80	100	100	80	60	80	80	80	20
<u>Residence</u>																					
Local	171	98	97	94	98	98	94	92	97	98	98	96	96	97	98	90	87	93	96	87	40
Non-local	23	100	96	91	100	100	100	91	100	100	100	96	96	100	100	100	65	96	100	74	48
Total respondents	194	98	97	94	98	98	94	92	97	98	98	96	96	97	98	96	84	93	97	85	41

Note: In one Panchayat of Syanja District the PBIW has not been asked the question, so the total number of respondents is only 194.

Percentages add up to more than 100 percent since most respondents gave more than one response.

* Denotes less than 10 percent of the total sample.

D. IS Rating of PBHW Knowledge of Their Work

When ISS were asked to rate the knowledge of their PBHWs, 26 percent said "very good", 64 percent "good" and only seven percent said "not good". Nearly half of the supervisors in the Far Western Region rated PBHW knowledge very highly while none did so in the Western Region. Almost one fifth of respondents in the Far Eastern Region suggested that the level of knowledge of their PBHWs was inadequate (see Table 5.8).

E. IS Rating of PBHW Overall Job Performance

The proportions of ISS who rated the overall job performance of PBHWs as "very good", "good" and "not good" are very similar to the proportions of responses to the question of knowledge. Again, about one quarter rate performance very highly, two thirds said "good" and only eight percent had a low opinion of their overall job performance (Table 5.9).

Table 5.8 : PBHWs' Knowledge of His/her Work Duties as Evaluated by IS

Development Regions	Total PBHWs Evaluated	Very good %	Good %	Not good %	No reply %
Far Eastern	33	18	61	18	3
Eastern	34	35	65	-	-
Central	63	30	65	2	3
Western	22	-	86	14	-
Far Western	17*	47	41	12	-
All Regions	169	26	64	7	2

* Denotes less than 10 percent of the total sample.

Table 5.9 : The Rating of PBHs Overall Job Performance as Evaluated by IS

Development Regions	Total PBHs Evaluated	Very Good %	Good %	Not good %	No Reply %
Far Eastern	33	18	67	12	3
Eastern	34	32	68	-	-
Central	63	25	67	5	3
Western	22	9	73	18	-
Far Western	17*	35	53	12	-
All Regions	169	24	66	8	2

* Denotes less than 10 percent of the total sample.

VI. QUANTITATIVE MEASURES OF PBHW JOB PERFORMANCE

As PBHws have to provide family planning and maternal and child health care services on a door-to-door basis, it is important that they contact as many families as possible as frequently as possible. This chapter presents findings on the average number of households visited per month, the average time spent on each visit and the organisation of sterilisation camps. The last section of the chapter deals with mean monthly performance of PBHws, in terms of numbers of pill and condom acceptors, sterilisation referrals, follow-up visits etc.

A. Maintenance of Ward Registers

The first task of the PBHW when he^{1/} starts work is to make a register of all couples living in the panchayat. They are provided with printed sheets to make the register. Separate files should be maintained for each of the nine wards of the panchayat. The ages of couples should be recorded and the worker is supposed to visit each couple of reproductive age on a regular basis. The date of each visit to a particular couple should be written in the space provided on the sheet, together with details of the advice and services provided.

The maintenance of a Ward Register is a vital part of the PBHws' job. It ensures that he goes round the village meeting all couples, introducing himself and explaining his job, when he originally compiles the register. It is a record of those people most in need of his help and is essential if he is to visit couples regularly and on a systematic basis.

When asked if they had Ward Registers, 63 percent (123 PBHws) of the sampled PBHws replied "yes". When the research teams

^{1/} Since the majority of PBHws sampled were male, PBHws are generally referred to as 'he' in the Report, although 35 of the sample are female.

actually examined them, however, 53 PBHws had incomplete Ward Registers, for example, they had only been made for three or four of the nine wards, or had not been updated for the past year or more. Thirteen of the above mentioned 123 PBHws were not able to produce them for examination and three claimed that they were locked in the panchayat building. Consequently, New ERA research teams found that only 54 PBHws (28 percent) had a complete and up to date Ward Register (see Table 6.1).

Table 6.1 : Percentage of PBHws Who Claimed they had a Ward Register

Background Variables	Total Number of Respondents	Percentage of PBHws who claimed they had a Ward Register
<u>Education Level</u>		
Grade 1-5	8*	38
Grade 6-10	162	64
SLC and above	25	64
<u>Length of Service</u>		
Less than 1 yr	22	68
Completed 1 yr	104	58
Completed 2 yrs	66	73
Completed 3 yrs or more	3*	-
<u>Residence</u>		
Local	172	66
Non-local	23	39
Total Respondents	195	63

* Denotes less than 10 percent of the total sample.

Those who reported they had not kept registers were asked why they had not and the reasons they gave are presented in Table 6.2.

Over one third (39 percent) explained that they had not received the printed sheets to make the register. Another

33 percent of them had not received any instruction from the FPO or IS to maintain a register and a further four percent said they did not know about Ward Registers. Seventeen percent of EBHWs who had not kept them said that they did not know how to do so.

Table 6.2 The Reasons for not Maintaining Ward Registers

Reasons	Percentage* N=72
Did not receive Ward Register Forms	39
Did not receive Instructions from FPO to make Ward Register	26
Did not know how to make Ward Register	17
Did not receive Instructions from the IS to make Ward Register	7
Do not have time to make Ward Register	4
Others	25
Did not know about Ward Registers	4
No response	1

* Percentages add up to more than 100 percent as some respondents gave more than one response.

N= Total Number of Respondents.

B. Number of Households Visited During the Past Month

The PBHW is supposed to visit all couples of reproductive age (wives under 45 years) in the panchayat at least once a month. Approximately one quarter of respondents said they had visited 50 households or less in the past month (Table 6.3). This figure is rather low in view of the fact that, according to information from officials in the FP/MCH Project, they are supposed to visit 15-20 households each day.

Viewed from another angle, it can be seen that 44 percent of PBHWs sampled visited up to 100 households in the past month, 37 percent visited between 101 and 200 households and only 18 percent visited more than 200.

There appears to be no relationship between the number of households visited in the past month and the age, sex, education and length of service of workers. There does, however, appear to be variation by Development Regions. The majority of PBHWs in the Central, Western and Far Western Regions tended to have made around 100 visits in the preceding month.

Informal discussions with villagers, FPOs and supervisors suggested that, in some districts, there was a tendency for PBHWs to only visit households of the rich and influential. In some places poorer groups were being neglected and, of course, it is precisely these groups who are often most in need of the PBHW's advice and help. Some people reported that the worker regularly visited only a few wards in the panchayat and some said there was a tendency to visit only houses which lay on convenient routes. One local leader suggested that the PBHW should preferably not be of high status because such people may be reluctant to call from door-to-door. In several districts a system had been introduced to help guarantee that PBHWs visit all wards regularly. In one case, for example, the Ward Chairman is supposed to verify visits to his ward with the FPO.

One PBHW complained that he could not visit as many houses as he would like because his field schedule was fixed by the District Family Planning Officer who did not know the location of each ward. Much of his time was therefore lost in travelling. He recommended that the field schedule should be worked out by the worker himself and then sent to the Family Planning Officer for approval.

Table 6.3 : Number of Households Visited by PBHWs in the Past Month

Background Variables	Total no. of Respondents	Less than 50	51 to 100	101 to 150	151 to 200	201 to 250	More than 251	No Response
		%	%	%	%	%	%	%
<u>Sex</u>								
Male	160	22	21	24	14	84	11	2
Female	35	34	14	14	20	3	11	3
<u>Age</u>								
15-24 yrs	104	25	19	17	17	8	11	3
25-34 yrs	81	23	20	30	10	4	12	1
35 and above	10	10	30	10	30	20	-	-
<u>Marital Status</u>								
Married	149	23	20	24	13	8	10	1
Unmarried	46	26	20	15	20	2	13	4
<u>Education Level</u>								
Grade 1-5	8*	50	13	13	13	-	13	-
Grade 6-10	162	23	22	21	15	7	9	2
SLC and above	25	16	12	32	16	4	20	-
<u>Length of Service</u>								
Less than 1 yr	22	18	9	32	23	5	5	9
Completed 1 yr	104	25	26	18	13	9	10	-
Completed 2 yrs	66	23	14	24	17	5	15	3
Completed 3 yrs and above	3*	33	33	33	-	-	-	-
<u>Development Region</u>								
Far Eastern	41	10	5	22	27	22	7	7
Eastern	38	11	24	26	16	-	24	-
Central	70	23	26	27	9	3	13	-
Western	29	52	14	17	10	3	-	3
Far Western	17*	41	35	-	18	6	-	-
Total Respondents	195	24	20	22	15	7	11	2

* Denotes less than 10 percent of total sample.

C. Average Time Spent by PBHWs on each Household Visit

Overall, 45 percent of PBHWs reported that they usually spend between 15 and 30 minutes visiting each client. Fifteen percent said that they spend 30-60 minutes and 12 percent spend more than one hour (see Table 6.4). Seventy-two percent of respondents, therefore, spend an average of between 15 minutes and over an hour on each visit.

An interesting pattern emerges among PBHWs who reported that they usually spend over an hour on visits. The tendency increased with the number of years of service as a PBHW. Longer visits were also made by the less educated.

Community respondents were also asked how long the PBHW usually spends on each household visit (see Chapter XI, Table 11.4). There is only a slight deviation between the two sets of responses.

Table 6.4 : Average Time (in minutes) Spent by PBHWs When Visiting a Client

Background Variables	Total no. of Respondents	Up to 5	5-10	10-15	15-30	30-60	More than 1 yr.	No Response
		%	%	%	%	%	%	%
<u>Sex</u>								
Male	160	10	9	9	44	14	12	2
Female	35	3	6	11	49	17	14	-
<u>Age</u>								
15-24 yrs	104	5	9	9	51	16	11	-
25-34 yrs	81	14	9	11	32	15	16	4
35 & Above	10*	10	-	-	80	10	-	-
<u>Marital Status</u>								
Married	149	10	10	9	42	15	12	2
Unmarried	46	4	2	11	32	17	13	-
<u>Education Level</u>								
Grade 1-5	8*	-	-	13	38	25	25	-
Grade 6-10	162	8	9	9	46	14	13	1
SLC & above	25	16	8	12	36	20	4	4

<u>Length of Service</u>								
Less than 1 yr.	22	9	5	9	64	5	9	-
Completed	104	8	11	9	43	17	12	1
1 yr.								
Completed	66	11	6	11	39	15	15	3
2 yrs.								
Completed	3*	-	-	-	67	33	-	-
3 yrs and above								
Total Respondents	195	9	8	9	45	15	12	2

* Denotes less than 10 percent of the total sample.

D. Do PBHWs Feel it is Feasible to Visit all Eligible Couples in the Panchayat each Month?

The size of panchayats varies in terms of both area and population numbers, with the Far Eastern and Eastern Regions being more densely populated than the Western or Far Western Regions and, of course, the distances between houses varies between densely populated urban areas and sparsely populated rural settlements. In spite of this wide variation, every PBHW is required to visit all couples of reproductive age in the panchayat at least once a month. When asked if this was feasible, only 31 percent replied that it was. When this data is analysed by development region it appears that fewer PBHWs from the Far Eastern and Far Western Regions thought it was possible.

Table 6.5 : The Percentage of PBHWs Who Feel it is Possible to Visit All Households in Their Panchayat within a Month

Development Region	Total Number of Respondents	Percentage	
		Yes	No
Far Eastern	41	24	76
Eastern	38	37	63
Central	70	34	66
Western	29	34	66
Far Western	17*	18	82
Total Respondents	195	31	69

* Denotes less than 10 percent of the total sample.

The majority of PBHWs who said that to do this was impossible (69 percent) were then asked to estimate the amount of time it would take. Slightly over one third said that it takes between 45 and 60 days to visit all couples in the panchayat (see Table 6.6). Almost half the respondents (49 percent) who said that it was impossible to visit all eligible couples within a month, estimate that it takes them 60 days or more to visit all couples. In the Central and Western Regions, 59 percent and 63 percent, respectively, said that it takes them 60 days or more to visit all couples.

Table 6.6 : To Show How Long it Takes to Visit All Households in the Panchayat

Development Region	Total No. of Respondents	Cited 30-45 days	45-60 days	60-90 days	90-120 days	More than 120 days	Don't know
		%	%	%	%	%	%
Far Eastern	31	16	32	16	13	13	10
Eastern	24	4	63	4	25	4	-
Central	46	22	20	20	15	24	-
Western	19*	11	26	5	37	21	-
Far Western	14*	14	43	21	7	14	-
All Regions	134	15	34	14	19	16	2

* Denotes less than 10 percent of the total sample.

E. Organisation of Vasectomy Camps

Once the PBHW has collected the names of 15 to 20 men who wish to be sterilised, he sends a formal request to the District FPO asking for a vasectomy camp to be held in his panchayat. These mobile vasectomy camps do not always materialise; however, because the FPO cannot always find a doctor who is available to do the operations or the necessary supplies.

Forty-five percent of PBHWs claimed that they had attempted to organise vasectomy camps. Of these, 58 percent had actually succeeded in their attempts (see Table 6.7).

The proportion of PBHWs who had ever attempted to organise a camp increased with length of service. But as there was no period of time stipulated in this question, it is only to be expected that PBHWs recruited earlier would have attempted to organise more camps than those recruited more recently. The proportion holding successful camps, however, also increases with length of service.

A higher proportion of non-local PBHWs (i.e. not resident in the panchayat in which they work) had attempted to organise camps, but these tended to be less successful when it came to actually holding the camps.

When analysed by development region it can be seen that only 32 percent of PBHWs from the Far Eastern Region attempted to organise vasectomy camps compared with 65 percent in the Far Western Region, although almost equal percentages actually succeeded in both regions. The PBHWs from the Central Region were most successful in this respect.

In some districts PBHWs are experiencing difficulties in motivating men to undergo vasectomies. The two main problems reported by PBHWs are the beliefs held by villagers about the operation's effects and operation failures. It was reported that many people think that after undergoing vasectomy a man will become weak and unable to work in his fields and many diseases will attack him. Others believe that men who have been sterilised should not worship at the temple or make sacrifices to God. In several districts it was reported that the wives of men who had been vasectomised had since borne children and this placed PBHWs in a difficult position.

Table 6.7 : Percentage of PBHWs Who had Attempted to Organise Vasectomy Camps and Those Who were Successful, by Selected Variables

Background Variables	Total no. of Respondents	Percentage of PBHW who had organised vasectomy camps	Percentage of Respondents who successfully organised camps among those who had ever attempted to organise vasectomy camps N=88
<u>Length of Service</u>			
Less than 1 yr	22	23	20
Completed 1 yr	104	40	43
Completed 2 yrs	66	59	77
Completed 3 yrs and more	3*	67	100
<u>Residence</u>			
Local	172	44	60
Non-local	23	57	46
<u>Development Region</u>			
Far Eastern	41	32	46
Eastern	38	50	58
Central	70	44	68
Western	29	48	57
Far Western	17*	65	45
Total Respondents	195	45	58

N= Total number of respondents.

* Denotes less than 10 percent of the total sample.

F. Are PBHWs Kept Informed about Sterilisation Camps Held in Their Areas?

If there are only a few people who wish to be sterilised in his panchayat, i.e., not sufficient numbers to justify a camp in the panchayat, the PBHW can refer them to camps being held elsewhere in the district--at District Headquarters or in other panchayats. But, for this, it is important that the worker should be regularly informed about the dates and venues of camps held elsewhere in the district.

Overall, 88 percent of respondents reported that they were kept informed about camps held in their district (see Table 6.8). However, a smaller proportion of PBHWs from the Far Western Region were kept informed compared to PBHWs in other regions.

Table 6.8 : The Percentage of PBHWs Who are Kept Informed of Immunisation and Sterilisation Camps held in the Area, Compared by Development Regions

Development region	Total no. of Respondents	Respondents who were kept informed of camps	Respondents who were not kept informed of camps	Respondents who did not reply
		%	%	%
Far Eastern	41	90	10	-
Eastern	38	97	3	-
Central	70	89	10	1
Western	29	86	14	-
Far Western	17	65	35	-
All Regions	195	88	11	1

G. Performance of Family Planning and Maternal and Child Health Activities

PBHWs are required to keep an account of their activities in Diaries and Monthly Reports. An examination and analysis of these records formed part of New ERA's evaluation of their job performance.

1. Diaries

All activities carried out on working days should be recorded in the PBHWs diary. After every household visit, for example, he should write down the client's name, what problems he has and what treatment or advice was given. He should also record the names of people he has attempted to motivate regarding family planning. When he visits each month, the IS is required to check the diary, sign it and discuss the major problems encountered by the worker.

The survey teams asked to see the diaries of all PBHWs interviewed and the diaries were examined to check whether they contained the initials of their supervisors for the past three months. Fifty-two PBHWs (27 percent) replied that they did not have a diary and a further 52 had diaries but they had not been signed by their supervisors for the past three months. Two workers had diaries but nothing was entered in them. Eleven PBHWs did not respond to the request to show their diaries to interviewers, suggesting that they probably been used for some other purpose. Thus, out of 195 PBHWs, only 68 (35 percent) had properly maintained diaries.

2. Monthly Reports

Data from Monthly Reports for the past six months were copied into the questionnaire form for every sampled PBHW. The records of 22 PBHWs, however, were not available for the following reasons:

--they claimed that they had sent their reports to the District Family Planning Office and had not kept a copy for themselves. But in some cases, these records were found not to be available at the District Office either.

--the PBHws did not have any records.

--the PBHws did not know how to complete Monthly Reports.

--the PBHws had been told by their supervisors that they did not have to complete Monthly Reports.

3. Mean Monthly Performance

The data on performance presented in Table 6.9 was compiled from PBHws' Monthly Reports for the six months preceding the survey. The research team had no means of cross-checking any of these figures, however, and so their reliability is a matter of conjecture. Since it was found that only 35 percent of PBHws had a properly maintained diary, presumably most of them complete their Monthly Reports from memory.

The reporting forms which PBHws have to fill in every month are also used by other health workers and include columns which are not relevant to PBHws. This has led to some confusion and in some instances, PBHws have reported doing activities which are outside their scope of work, such as giving D.P.T. injections and inserting loops. These activities have been marked with an asterisk in the table.

Table 6.9 indicates that the average number of new pill acceptors recruited by PBHws is highest in the Central Region at 3.5 per month, followed by workers in the Western Region (3.1). The lowest average number of new pill acceptors (2.2) is by workers in the Far Western Region.

Overall, the mean performance of aneamia and rehydration services was quite poor. The PBHws sampled give Iron Tablets for aneamia only an average of 1.53 times per month. The performance of these services was lowest in the Eastern and Far Western Regions.

Table 6.9 : Mean Monthly Performance of PBHs, by Regions

Development Regions	Number of Males Vasectomised	Pill Acceptors		Current Pill Acceptors	* Number who had Loops Inserted	* Number who had Laparoscopy operation	Deop-provera Inj.	Condom Acceptors		Pre & Post-natal women*		Child ren under 5yrs*		* Small Pox Vaccination	* B.C.G. Vaccination	D.P.T.		Anaemia	Rehydration	Follow-up			Number of People Motivated
		New	Number of Pills Distributed (Old+New)					New	Total Number Distributed	New	Old	New	Old			New	Old			Pills	Condoms	Others	
Far Eastern N=41	0.1	2.6	23.7					6.5	125.2	6.6	6.6					2.8	0.4	3.3	17.0	3.5	16.1	149.7	
Eastern N=32	0.3	2.8	35.4			1.0		32.0	95.6	2.3	4.3					1.0		0.3	29.6	5.2	3.4	193.1	
Central N=61	0.2	3.5	19.2			0.6		6.8	52.6	3.1	5.1	0.1	0.1	0.4		3.0	3.3	9.7	5.4	3.7	125.5		
Western N=27	10.5	3.1	13.8			0.1		11.5	120.2	4.8	7.0					2.0	2.3	2.3	7.7	4.3	1.1	80.3	
Far Western N=12		2.2	7.5					4.1	35.0	0.4	1.0						0.1	0.3	2.4	1.5	5.2	133.8	
All Regions N=173	1.8	3.0	21.6					11.9	87.1	3.8	5.3					1.4	1.5	2.3	14.3	4.5	6.3	137.2	

N= Total Number of Respondents.

The performance data also indicates that the average number of pill cycles distributed by PBHWs is much higher in the Far Eastern and Eastern Regions than in the others.

Several ratios have been calculated as measures of PBHW performance and these are presented in Table 6.10. The first is the ratio of the total number of pill cycles distributed to the number of new pill acceptors per month. These ratios are high in the Far Eastern and Eastern Regions at 9.1 and 12.7 per month, respectively and lower in the Central, Western and Far Western Regions at 5.5, 4.4 and 3.4 respectively.

The second ratio presented in Table 6.10 is the number of pill acceptor follow-up visits made per month, to the number of new acceptors. This ratio also suggests a higher level of achievement in the Far Eastern and Eastern Regions. Although New ERA was unable to collect data on pill continuation rates for this study, the first two ratios suggest that pill continuation rates may be slightly higher in the Far Eastern and Eastern Regions than in the Central, Western and Far Western Regions.

Table 6.10 : Some Selected Ratios to New Pill Acceptors, by Development Regions

Development Regions	Mean New Pill Acceptors per Month	Ratio 1 No. of pill cycle distributed/ new pill acceptors	Ratio 2 No. of follow-ups/ new pill acceptors	Ratio 3 No. of motivations/ new pill acceptors
Far Eastern	2.6	9.1	6.5	57.3
Eastern	2.8	12.7	10.6	69.2
Central	3.5	5.5	2.8	35.9
Western	3.1	4.4	2.5	25.7
Far Western	2.2	3.4	1.1	61.6

The third ratio presented in the table is the number of motivation visits to the number of new pill acceptors. Analysis of this ratio is an indirect way of testing the effectiveness of motivation visits, although, of course, the success of a motivation visit is influenced by many factors, including the FBHWs powers of persuasion and the client's receptiveness to the idea of family planning.

The ratio is highest in the Eastern Region (69 motivation visits: one new acceptor) and lowest in the Western Region (26 motivation visits: one new acceptor). In other words, it requires an average of 69 motivation visits to recruit one new acceptor in the Eastern Region while only 26 are needed in the Western Region.

As mentioned above, the data on monthly performance suggests that the average number of pill cycles distributed by FBHWs is much higher in the Far Eastern and Eastern regions than in the others. Community respondents who had received pills were asked to say how useful they considered them and results are presented in Table 6.11. This reveals that 40 percent of respondents in the Eastern region considered the pills they received "not useful", thus suggesting that although large numbers of pill cycles are being distributed, they may not all be actually used.

Table 6.11 : Rating of the Usefulness of Pill Cycles by Those Respondents Who Received Pills by Development Regions

Development Region	Total no. of Respondents	Number of Respondents Who Rated the Usefulness of Pills			
		Very Useful %	Useful %	Not Useful %	No Response %
Far Eastern	206	29	52	18	-
Eastern	94	35	24	40	-
Central	210	32	50	16	1
Western	47	26	51	21	2
Far Western	19	26	26	21	26
All Regions	576	31	46	22	1

VII. CHAIN OF COMMAND AND SUPERVISION

Since PBHWS work to a large extent on their own delivering health and family planning services on a house-to-house basis, supervision is of the utmost importance in maintaining a high standard of work. It is the role of the Intermediate Supervisor to liaise between PBHWS and the District Family Planning Office and to ensure that PBHWS are carrying out their duties. Supervision schedules are arranged by the District Office in such a way that ISs are in the field for 24 days in each month and should visit each PBHW under their supervision at least once. ISs are provided with guidelines and checklists for supervision which, among other things, stipulate that they are to check each workers diary and make recommendations for future household visits. So the PBHW should receive instructions on the organisation of his daily work and advice on work-related problems from the IS. Besides supervision, ISs also distribute PBHW salaries and collect their Monthly Reports. In a few districts supervisors work on a rotating system, visiting a different group of PBHWS each month or each quarter but most are responsible for the same workers throughout the year.

Family Planning Officers should also visit all PBHWS in the district at least three times a year to provide advice and instructions and the PBHW is expected to visit the District Family Planning Office every three months to give a report on his progress.

A. Average Number of PBHWS Supervised by Each Intermediate Supervisor

The number of workers supervised by each IS varies from one district to another. Responses from the IS questionnaires indicate that 45 percent of them are supervising five workers (see Table 7.1).

Table 7.1 : The Average Number of PBHWS Supervised by Each IS

Total Number of Respondents	Percentage of Respondents Who Cited the Following						
	2 PBHWS	3 PBHWS	4 PBHWS	5 PBHWS	6 PBHWS	7 PBHWS	8 or More PBHWS
119	3	5	16	45	16	10	4

All ISs were asked about the number of workers they thought it was feasible to supervise (see Table 7.2). A comparison of Tables 7.1 and 7.2 shows that 24 percent of supervisors are currently supervising less than 5 workers while 47 percent of them would actually prefer to be responsible for less than five workers. And 45 percent of them are actually supervising five PBHWS but only 39 percent of them think it is feasible to supervise that number.

Table 7.2 : The Number of PBHWS that ISs Think it is Feasible to Supervise

Background Variables	Total no. of Respondents	Respondents Who Cited the Following							No Response
		PBHWS	PBHWS	PBHWS	PBHWS	PBHWS	PBHWS	more	
		%	%	%	%	%	%	%	%
<u>Age</u>									
15-24 yrs	58	7	16	16	47	9	2	2	3
25-34 yrs	57	2	21	32	33	7	2	2	2
35 & above	4	-	75	-	25	-	-	-	-
<u>Marital Status</u>									
Married	97	5	20	22	38	9	2	1	3
Unmarried	22	-	18	32	45	-	-	5	-
<u>Education Level</u>									
Passed SLC	105	3	19	23	40	9	2	2	3
Not Passed SLC	14	14	21	29	36	-	-	-	-
<u>Development Regions</u>									
Far Eastern	23	-	9	30	52	4	-	4	-
Eastern	24	4	17	17	46	13	4	-	-
Central	43	2	23	16	35	12	2	2	7
Western	17	18	18	35	29	-	-	-	-
Far Western	12	-	33	33	33	-	-	-	-
Total Respondents	119	4	19	24	39	8	2	2	3

In the Western Region over two thirds of respondents thought it was only possible to supervise less than five workers, compared to just over one third in the Eastern. None of the supervisors in the Western and Far Western Regions thought it was possible to supervise more than five PBHWs. This suggests that the majority of supervisors in the Western region would prefer to supervise fewer workers compared to other regions. These regional differences are probably due to variation in accessibility and the difficulty of travelling between panchayats.

B. Extent of Intermediate Supervisors' Knowledge of Their Job Description and Actual Practice

ISs were asked to list as many aspects of their job as possible and then responses were matched against their official job description, issued by the FP/MCH Project. Both unprompted and prompted responses were taken into consideration. The majority of respondents were aware of most aspects of the job (see Table 7.3). Half of them mentioned training of PBHWs as part of their job. Although training PBHWs is not officially part of the supervisor's job, this may be interpreted as giving instructions to PBHWs on problems they come across in the course of their work. Thirty percent of respondents mentioned administrative work in the District Office and slightly more than half cited other aspects, including the motivation of villagers and community leaders to accept family planning, making enquiries among villagers about the PBHWs performance, organising vasectomy and immunisation camps and checking supplies.

Table 7.3 : Extent of IS Knowledge of Their Job Description

Development Regions	Total no. of respondents	Respondents Who Cited the Following								
		Delivering reports	Delivering supplies	Delivering salary and allowance	Handling problems in the field	Training PBHWS	Doing administrative work in district	Giving direct-tion to PBHWS	Supervising PBHWS	Others
		%	%	%	%	%	%	%	%	%
Far Eastern	23	100	87	91	96	57	39	100	96	61
Eastern	24	100	92	92	100	42	29	100	100	50
Central	43	100	95	91	100	44	21	100	100	42
Western	17	100	94	94	100	76	59	100	100	94
Far Western	12	100	83	100	100	42	8	92	100	75
<u>Geographical Regions</u>										
Hill	93	100	89	90	100	52	32	100	99	62
Terai	26	100	100	100	96	46	23	96	100	42
All Regions	119	100	92	92	99	50	30	99	99	58

Note: Percentages add up to more than 100 since most respondents gave more than one response.

When supervisors had listed the various aspects of their job, they were asked if they actually do these things and whether they liked doing each type of work. Responses to the three questions have been combined and are presented in Table 7.4. Only 94 percent of ISs said they were actually delivering reports although they all said it was part of their job and 99 percent said they liked doing it. And although 92 percent of ISs mentioned that delivering supplies and salaries to PBHWS were part of their job, only 82 percent and 80 percent said they were actually delivering supplies and salaries, respectively. Only 80 percent and 84 percent said they liked delivering supplies and salaries, respectively. The gap between the percentages who

were aware of delivering supplies being part of their job and actual practice of these duties is widest in the Far Western and Western Regions (see Tables 7.3 and 7.5).

Table 7.4 : Extent of IS Knowledge, Practice and Interest in Their Job

Extent of ISs' Knowledge, Practice and Interest in Their Job	Total no. of Respondents	Respondents who Cited Following								
		Delivering reports	Delivering supplies	Delivering salaries and allowances	Handling problems in the field	Training PBHMs	Doing administrative work in district office	Giving direction to PBHMs	Supervising PBHMs	Others
		%	%	%	%	%	%	%	%	%
Extent of knowledge	119	100	92	92	99	50	30	99	99	58
Actual practice	119	94	82	80	97	43	24	99	98	55
Liked doing	119	99	80	84	98	49	27	91	98	56

Table 7.5 : The Extent of IS Actual Practice of Aspects of Their Job

Region	Total no. of Respondents	Respondents who Cited the Following								
		Delivering reports	Delivering supplies	Delivering salaries and allowances	Handling problems in the field	Training PBHMs	Doing administrative work in district office	Giving direction to PBHMs	Supervising PBHMs	Others
		%	%	%	%	%	%	%	%	%
<u>Development Regions</u>										
Far Eastern	23	87	74	83	91	52	35	100	96	61
Eastern	24	100	88	83	100	25	21	100	100	42
Central	43	98	93	88	100	40	19	100	98	42
Western	17	94	65	65	94	71	35	100	100	94
Far Western	12	89	67	58	100	33	8	92	100	67

<u>Geographical Regions</u>										
Hill	93	94	77	76	99	45	26	100	98	59
Terai	26	92	96	92	92	35	15	96	100	42
All Regions	119	94	82	80	97	43	24	99	98	55

Note: Percentages add up to more than 100 since most respondents gave more than one response.

During the course of the survey the field teams repeatedly heard complaints from PBHWs that their supervisors were not visiting them regularly. Many PBHW diaries that were examined had not been signed by supervisors for many months and others had been signed for several months into the future. Some ISS complained that they had been given responsibility for PBHWs in particularly remote areas and this made their work difficult. In several districts, however, a system had been introduced to help solve these problems. In these districts, supervisors operate on a rotating basis and are sent to a different part of the district each month. During the course of a year they get to visit both the most and least difficult areas. This system makes it possible to correct mistakes made by their colleagues and also prevents supervisors from signing the PBHW's diary for several months, in advance, on the one occasion.

C. Chain of Command

Three questions were asked of PBHWs concerning the chain of command between themselves and their superiors. The first question was "From whom do you receive instructions on everyday activities?" A large majority replied "from the Intermediate Supervisor", and only 21 percent said that the FPO instructed them.

A very small number (six percent) cited others, including Pradhan Panchas and other village leaders (Table 7.6).

Similarly, the majority of respondents (74 percent) said that they receive advice on job-related problems from their supervisor (see Table 7.7).

The last question regarding chain of command was asked to find out to whom they report when sick. Forty-four percent replied that they report to the District Office. Around forty percent in the Far Eastern and Eastern Regions said they told the Pradhan Pancha when they were sick and only three percent said that they told no-one (see Table 7.8).

Table 7.6 : From Whom PBHW Receives Instructions on Everyday Activities, by Selected Variables

Background Variables	Total no. of Respondents	Percentage of Respondents Who Cited the Following		
		Family Planning Officer	Intermediate Supervisor	Others
<u>Length of Service</u>				
Less than 1 yr	22	18	77	5
Completed 1 yr	104	21	84	5
Completed 2 yrs	66	23	83	9
Completed 3 yrs and above	3*	-	100	-
<u>Training</u>				
Training Centre	61	21	75	10
Mobile Centre	129	22	87	4
No Training	5*	-	80	20
<u>Residence</u>				
Local	172	20	84	6
Non-local	23	30	74	9
<u>Development Region</u>				
Far Eastern	41	20	85	5
Eastern	38	5	90	5
Central	70	31	83	9
Western	29	31	66	3
Far Western	17*	-	94	6
Total Respondents	195	21	83	6

* Denotes less than 10 percent of the total sample.

Table 7.7 : Who Gives Advice to PBHWS on Job Related Problems, by Selected Variables

Background Variables	Total number of Respondents	Respondents who cited family planning officers	Respondents who cited intermediate supervisors	Respondents who cited others
		%	%	%
<u>Length of Service</u>				
Less than 1 yr	22	9	82	9
Completed 1yr	104	7	72	21
Completed 2 yrs	66	6	73	21
Completed 3 yrs and above	3*	-	100	-
<u>Training</u>				
Training Centre	61	5	74	21
Mobile Centre	129	8	74	19
No Training	5*	-	100	-
<u>Residence</u>				
Local	172	6	75	19
Non-local	23	9	65	26
<u>Development Regions</u>				
Far Eastern	41	5	73	22
Eastern	38	-	87	13
Central	70	9	73	19
Western	29	14	62	24
Far Western	17*	6	71	24
Total Respondents	195	7	74	19

* Denotes less than 10 percent of the total sample.

Table 7.8 : To Whom PBHWs Usually Report When Sick

Development Region	Total no. of Respondents	Notify district office	Notify supervisor	Notify Pradhan Pancha	Notify no one	Notify other people
		%	%	%	%	%
Far Eastern	41	49	17	42	2	7
Eastern	38	40	42	45	-	5
Central	70	43	39	14	6	4
Western	29	48	31	28	-	10
Far Western	17	35	35	35	-	12
All regions	195	44	33	30	3	7

Note: Percentages do not add up to 100 as some PBHws gave more than one reply.

D. Work-Related Discussions

1. Work-Related Discussions Between PBHws and Supervisors

a. Frequency: During the three months preceding the survey 23 percent of PBHws reported having had no discussions at all with the FPO, nine percent had no discussions with their supervisors and 14 percent had no discussions with the Pradhan Pancha on work-related matters. The figure of 14 percent not having had discussions with their supervisor at all in the past three months is suprisingly high and suggests that a number of supervisors are not performing their responsibilities properly. From Table 7.9 it appears that discussions with the FPO and the Pradhan Pancha are least frequent in the Far Eastern Region. More local than non-local PBHws had not had discussions with the FPO in the past three months. Similarly, 15 percent of local PBHws had not had discussions with the Pradhan Pancha. The frequency of meetings with these people appears to be inversely related to the level of education received by workers.

Half of the respondents had met the FPO and IS at least once in the last one month and 30 percent had met the Pradhan Pancha (see Table 7.10). And over the preceding month 46 percent, 15 percent and eight percent have had no discussions with the FPO, IS and Pradhan Pancha, respectively.

The majority of PBHws interviewed seemed to be satisfied with the frequency of meetings with their superiors, although just over one third (34 percent) of them felt that the present frequency was inadequate. Approximately one third were dissatisfied with the frequency of meetings with the FPO (see Table 7.11).

In one district, however, PBHws were experiencing a very different problem. Several PBHws said they had been instructed to go to the District Family Planning Office every morning and evening to register their attendance. They were forced, therefore, to walk a long way every day and they felt they were wasting time that could more profitably have been spent making home visits.

Table 7.10 : Average Frequency of Discussions Held with Supervisors in Last One Month

Background Variables	Number of Meetings with:																		
	Family Planning Officer					Intermediate Supervisor					Pradhan Pancha								
	Total no. of Respondents	0	1	2	3	4+	Total no. of Respondents	0	1	2	3	4+	Total no. of Respondents	0	1	2	3	4+	
	%	%	%	%	%		%	%	%	%	%		%	%	%	%	%	%	
<u>Education Level</u>																			
Grade 1-5	7*	57	43	-	-	-	7*	43	29	14	14	-	6*	-	50	33	-	17	
Grade 6-10	124	45	52	2	-	-	147	15	54	18	8	5	142	9	31	27	11	22	
SIC & above	20	50	35	10	5	-	24	8	41	17	21	13	20	5	15	10	20	50	
<u>Residence</u>																			
Local	131	47	50	3	1	-	158	13	53	19	9	6	147	7	31	24	12	26	
Non-local	20	45	50	5	-	-	20	30	45	5	15	5	21	14	24	33	10	19	
<u>Development Region</u>																			
Far Eastern	23	52	43	4	-	-	39	18	67	13	3	-	32	9	38	22	13	19	
Eastern	32	56	41	3	-	-	36	3	47	19	22	8	36	3	42	22	25	8	
Central	62	39	55	5	2	-	64	17	44	20	11	8	57	7	19	30	9	35	
Western	19*	53	48	-	-	-	22	23	59	9	5	5	26	8	35	27	-	31	
Far Western	15*	40	60	-	-	-	17*	18	47	24	6	6	17*	24	18	18	12	29	
<u>Total Respondents</u>	151	46	50	3	1	-	178	15	52	17	10	6	168	8	30	25	12	25	

* Denotes less than 10 percent of the total sample.

Table 7.11 : Percentage Distribution, by Length of Service, of PBHWs Who Consider Present Frequency of Work Related Discussions to be Adequate

Length of Service	Respondents who Cited the Following								
	With F.P.O. (N=151)			With I.S. (N=178)			With Panchayat Workers (N=168)		
	No reply	Ade-quate	In-ade-quate	No reply	Ade-quate	In-ade-quate	No reply	Ade-quate	In-ade-quate
	%	%	%	%	%	%	%	%	%
Less than 1 yr.	-	71	29	-	80	20	17	67	17
Completed 1 yr.	1	64	34	1	60	39	3	79	18
Completed 2 yrs.	2	65	33	2	68	31	4	80	16
Completed 3 yrs. and above	-	50	50	-	33	67	-	67	33
Total Respondents	1	65	34	1	65	34	5	78	17

b. Location of Discussions: Most discussions between FPOs and PBHWs take place in the District Office (see Table 7.12). Only two percent said they took place in the field. Eighty percent of PBHWs reported that discussions with supervisors take place either in the field or in the PBHW's house.

Table 7.12 : Location of Work Related Discussions Between PBHWs and Supervisors

Responses	FPO	IS	Pradhan Pancha
	N=151	N=178	N=168
	%	%	%
PBHWs own house	-	23	5
His house	1	2	67
FPOs office	97	11	1
In the field	2	57	10
Others	-	6	17

c. Subjects Most Frequently Discussed Between PBHVs and ISS: Their meetings usually concern the handling of everyday field problems such as motivation, the distribution of pills and condoms, family planning camps, follow-up visits, reasons for dropping out of contraceptive use, sufficiency or inadequacy of supplies and so on. They also discuss the PBHW's general progress, his salary and allowances and how to keep the Ward Register and Other records and any other problems the PBHW may be facing.

d. Usefulness of Work-Related Discussions as Perceived by PBHVs: Only a very few respondents felt discussions with their supervisors, FPOs or Pradhan Panchas were not helpful at all (see Table 7.13). The vast majority found them helpful.

Table 7.13 : The Extent to Which PBHVs Feel Discussions with Various Supervisors are Useful

Background Variables	FPO : N=151				I.S.: N=178				Panchas: N=168			
	Very helpful	Helpful	Not helpful	No reply	No reply	Very helpful	Helpful	Not helpful	No reply	Very helpful	Helpful	Not helpful
	%	%	%	%	%	%	%	%	%	%	%	%
<u>Residence</u>												
Local	48	47	5	1	1	44	53	3	2	39	55	3
Non-local	35	60	5	-	-	25	65	10	-	10	77	14
<u>Education Level</u>												
Grade 1-5	29	43	14	14	-	14	86	-	-	33	67	-
Grade 6-10	47	49	4	-	1	40	54	5	2	35	58	5
SLC & above	50	45	5	0	-	58	42	-	-	45	50	5
Total Respondents	46	48	5	1	1	42	54	3	2	36	58	5

N= Total number of respondents.

Among the reasons given (in Table 7.14) were that through such discussions PBHWs were encouraged in their work and they were able to do their job better. Fifty-six percent, 43 percent and 65 percent said that discussions with the FPO, IS and Pradhan Pancha respectively, gave them encouragement. Similarly, 53 percent, 67 percent and 11 percent said that FPOs, ISs and Pradhan Panchas respectively, taught them how to improve their work.

Table 7.14 : Reasons Why Discussions with FPO are Considered Helpful by PBHWs

Responses	FPO	IS	Panchayat
	N=151 %	N=178 %	Officials N=168 %
Encourages me in my work	56	43	65
Helps me in filling reports	9	32	1
Teaches me how to do my work better	53	67	11
Persuades local leader to give more support	1	1	6
Helps me solve problems in my work	5	9	11
Brings me supplies	1	4	1
Others	3	7	15
No reply	4	3	7

2. Work-Related Discussions Between Intermediate Supervisors and Family Planning Officers

Intermediate Supervisors are required to go to the District Office at least once a month to collect PBHW salaries and supplies and to submit reports on their own and PBHW's work.

a. Frequency: Just under a half of supervisors interviewed (46 percent) reported that they met the FPO once a month,

(see Table 7.15). The frequency of meetings for all ISs ranges between once and eight times per month. One quarter meet the FPO three or more times.

b. Subjects Most Frequently Discussed: From the survey it appears that ISs and FPOs usually discuss both technical and administrative matters. They most frequently deal with field problems and the organisation of sterilisation camps. They talk about how best to motivate villagers to accept family planning. Administrative matters usually covered include the PBHWs attendance records, approval of leave and the problems they face regarding supplies and salaries etc. They also discuss the supervisors field schedule.

Table 7.15 : Frequency of Meetings Between IS and FPO

Development Regions	Total Number of Respondents	Frequency of Meetings		
		Once %	Twice %	Thrice or more times (up to 8) %
Far Eastern	23	61	9	30
Eastern	24	29	42	29
Central	43	40	37	23
Western	17	35	29	36
Far Western	12	92	8	-
All Regions	119	46	29	25

E. Problems in the Chain of Command and Supervision System

FPOs and ISs were asked if they were experiencing any problems in these areas. The majority of FPOs said they were not, although there do appear to be some problems in the Western Region (see Table 7.16). The problem most commonly mentioned by FPOs was the lack of adequate transportation which hinders them in relaying instructions to ISs. A few complained that PBHWs do not respect and follow their instructions. And one FPO said that in his district the Pradhan Panchas were not checking the reports of PBHWs.

Table 7.16 : FPOs Who Say they are Experiencing Problems in Chain of Command

Development Regions	Total Number of Respondents	Yes	No
		%	%
Far Eastern	9	33	67
Eastern	5	20	80
Central	11	36	64
Western	7	57	43
Far Western	5	40	60
All Regions	37	38	62

Note: Numbers of respondents in each category are quite small.

With only one or two exceptions, the majority of ISs appear to be satisfied with the way the chain of command is currently working between themselves, PBHWs and FPOs (see Tables 7.17 and 7.18).

Table 7.17 : IS Rating of How Well the Chain of Command is Working at Present Between PBHWs and Himself

Background Variables	Total Number of Respondents	Very well	Well	No reply
		%	%	%
<u>Age</u>				
15-24 yrs	58	41	59	-
25-34 yrs	57	44	54	2
35 and above	4*	-	100	-
<u>Marital Status</u>				
Married	97	42	58	-
Unmarried	22	36	59	5
<u>Education Level</u>				
Passed SLC	105	41	58	1
Not passed SLC	14	43	57	-
Total Respondents	119	41	58	1

* Denotes less than 10 percent of the total sample.

Table 7.18 : IS Rating of How Well the Chain of Command is Working Between FPO and Himself

Background Variables	Total Number of Respondents	Very well	Well	Not well
		%	%	%
<u>Age</u>				
15-24 yrs	58	50	50	-
25-34 yrs	57	40	58	2
35 and above	4*	-	100	-
<u>Marital Status</u>				
Married	97	45	54	1
Unmarried	22	36	64	-
<u>Education Level</u>				
Passed SLC	105	46	53	1
Not passed SLC	14	29	71	-
Total Respondents	119	44	55	1

* Denotes less than 10 percent of the total sample.

F. Recommendations Made for Changes in the System of Supervision

The majority of FPOs suggested that all PBHWs and ISs in the district should meet together every three months. One said that PBHWs should be called to the District Office once every six months for discussions. Others recommended that there should be more contact between the Central Office and district level of the programme. In the opinion of one FPO, the area of supervision of each IS should be reduced. And a few FPOs suggested that they should be provided with some means of transport so that they could improve the frequency of supervision visits.

Similarly, many ISs also said there was a need for PBHWs to meet together regularly to discuss their work. Only six supervisors felt the area of supervision should be reduced. A few suggested that the FPO should visit PBHW centres more frequently and some ISs said they would like to meet with the FPO more often--at least three times a month.

G. Involvement of the Pradhan Pancha in FP/MCH Activities

Pradhan Panchas generally play a key role in carrying out all types of development-oriented work at the village level. In many cases, their active involvement can influence the success or failure of the FP/MCH programme.

Questions were asked of PBHWs and FPOs about whether the Pradhan Pancha should be kept regularly informed about programme activities. All FPOs and 85 percent of PBHWs replied, "yes, they should" (see Table 7.19). The main reason given (by 47 percent of PBHWs) was that "it is easier to work" if the Pradhan Pancha is kept informed (see Table 7.20). Twenty-two percent should he should be kept informed because "he is the local leader" while others said that the Pradhan Pancha can help in the organisation of vasectomy camps.

Fifteen percent of PBHWs interviewed said that it was not important to keep the Pradhan Pancha informed. Among the reasons they gave were that Pradhan Panchas were simply not interested (27 percent), it is difficult to meet him (10 percent) and a few said that the programme is not his concern.

Table 7.19 : FBHWs Who Think Pradhan Panchas Should be Kept Informed of Programme Activities

Background Variables	Total Number of Respondents	Yes %	No %
<u>Education Level</u>			
Grade 1-5	8*	88	13
Grade 6-10	162	85	15
SIC and above	25	84	16
<u>Place of Training</u>			
Training Centre	61	85	15
Mobile Centre	129	85	15
No training	5*	60	40
<u>Residence</u>			
Local	172	85	15
Non-local	23	83	17
<u>Development Region</u>			
Far Eastern	41	76	24
Eastern	38	97	3
Central	70	79	21
Western	29	90	10
Far Western	17*	94	6
Total Respondents	195	85	15

* Denotes less than 10 percent of the total sample.

Table 7.20 : Why FBHs Think it is Important to Keep the Pradhan Pancha Informed of Their Activities

Background Variables	Total Number of Respondents	It is easier to work	Pradhan Pancha is the local leader	One can get help in organising camps	In order to verify their reports	Others	Don't know	No reply
		%	%	%	%	%	%	%
<u>Education Level</u>								
Grade 1-5	7	71	-	-	-	29	14	-
Grade 6-10	137	47	23	8	14	24	-	2
SLC and above	21	43	24	-	14	33	-	-
<u>Residence</u>								
Local	146	49	23	7	12	24	1	2
Non-local	19	37	21	5	21	37	-	-
<u>Development Region</u>								
Far Eastern	31	48	16	3	10	32	-	6
Eastern	37	38	24	5	22	35	-	-
Central	55	49	25	11	7	20	2	2
Western	26	46	19	8	23	27	-	-
Far Western	16	63	25	-	6	6	-	-
Total Respondents	165	47	22	7	13	25	1	2

VIII. REPORTING SYSTEM

This chapter is concerned with presenting a picture of how well the reporting system between PBHW, IS and FPO is working at present and discusses the recommendations made for improving the system.

A. Submission of Monthly Reports

Monthly performance figures in terms of numbers of pill and condom acceptors, numbers of pill cycles and condoms distributed, immunisation and sterilisation referrals etc. should be sent by each worker to the District Family Planning Office through his Intermediate Supervisor. And then, every month, the FPO has to submit a report on the performance of all PBHWs in his district to the FP/MCH Central Office.

Table 8.1 shows through whom PBHW Monthly Reports are submitted to the FPO. This shows that overall, a majority of PBHWs (54 percent) actually do send their Monthly Reports through their supervisors, as they are supposed to do, while just over a quarter (27 percent) said they deliver the reports themselves. These visits probably coincide with their visits to the District Office to collect their salary. The remaining 19 percent said that they send their reports to the District Office in other ways. These include through the postal service, with the Pradhan Pancha or with relatives who are passing that way. The percentage of PBHWs who are following the prescribed system tends to increase with their level of education and length of service.

B. Frequency of Report Submission by PBHWs

From the survey it appears that the submission of a report every month is unproblematic. When asked "How often do you

submit your report to the District Office?", 98 percent of respondents replied that they did so at the end of every month.

Table 8.1 : Through Whom reports are Sent by PBHWs to the FPO, by Selected Variables

Background Variables	Total no. of Respondents	Delivered by Supervisor %	Delivered by self %	Delivered by others* %
<u>Sex</u>				
Male	160	53	27	20
Female	35	57	26	17
<u>Education Level</u>				
Grade 1-5	8	50	50	-
Grade 6-10	162	52	25	22
SIC and above	25	64	28	8
<u>Length of Service</u>				
Less than 1 yr.	22	50	27	23
Completed 1 yr.	104	53	32	15
Completed 2 yrs.	66	56	18	26
Completed 3 yrs and above	3	67	33	-
Total Respondents	195	54	27	19

* Others included by post, with the Pradhan Pancha, relatives etc.

C. Reporting System Between Intermediate Supervisors and PBHWs

Most ISs said that besides the written Monthly Report, PBHWs give them a verbal account of problems and achievements when they visit. When ISs were asked if the reporting system was working well, 96 percent said that it was and only four percent said that it was not working well.

D. Reporting System Between the Intermediate Supervisor and Family Planning Officer

At the end of their field visits ISS return to the District Office and give either a verbal or written account of their visits. They also convey to the FPO any messages or problems reported by the PBHs under their supervision. When ISS were asked if this aspect of the reporting system was working well, 97 percent replied "yes" and only 3 percent said "no".

E. Reporting System Between the Family Planning Officer and the Central Office

Reports on programme performance in the district are sent by the FPO to the Central Office monthly and a more comprehensive report is submitted annually. These reports are generally sent by mail although sometimes air documents or telegrams are used. Only one of the 37 FPOs interviewed said that this aspect of the reporting system was not working satisfactorily.

F. PBHs Experiencing Difficulties in Completing Reports

Table 8.2 shows that the majority of PBHs (84 percent) reported that they do not find it difficult to prepare the necessary reports. But fifteen percent of respondents said that they did find it difficult. This is quite a significant number in view of the fact that all PBHs are trained in the use of Monthly Report forms. It suggests that ISS and FPOs are not providing instructions in these cases, as they should be doing.

As might be expected, the highest percentage of PBHs having problems in this respect are among the least educated, although this number is very small.

Table 8.2 : Percentage of PBHWs Who reported that They were Experiencing Difficulties in Preparing Reports, Compared by Education and Length of Service

Background Variables	Total Number of Respondents	Yes	No	No reply
		%	%	%
<u>Education Level</u>				
Grade 1-5	8	38	63	-
Grade 6-10	162	15	84	1
SLC and above	25	8	92	-
<u>Length of Service</u>				
Less than 1 yr.	22	18	82	-
Completed 1 yr.	104	14	86	-
Completed 2 yrs.	66	17	82	2
Completed 3 yrs and above	3	-	100	-
Total Respondents	195	15	84	1

G. Do ISs Think that the Average PBHW is Capable of Completing His Reports and Records Satisfactorily?

When asked this question a large majority (90 percent) of ISS interviewed said that the average PBHW was capable of doing this. Ten percent thought they were not capable.

H. Suggestions Made by PBHWs, ISs and FPOs on Ways to Improve the Reporting System

1. PBHWs' Suggestions

The Monthly Report forms which PBHWs are required to fill out are provided by the District Office. The late arrival or non-receipt of these forms has been a hindrance in some cases.

- a. Report forms, therefore, should be sent to PBHWs regularly and in sufficient quantities. The Field Reports

written by New ERA field teams, based on informal discussions in the panchayats, include a number of complaints from PBHWs and FPOs that some ISs are not making regular visits to workers under their supervision.

- b. The ISs should visit the PBHW regularly every month and collect his monthly report.
- c. The IS should provide instructions on how to complete the Monthly Report form to those PBHWs who need help.

The form which records how many days in the month the PBHW has worked is usually signed by the local Pradhan Pancha while his diary and Monthly Report is checked and signed by his Intermediate Supervisor. Some workers found this confusing.

- d. The attendance form and performance reports should be checked and signed by either the Pradhan Pancha or the Intermediate Supervisor.

2. Intermediate Supervisors' Suggestions

Most ISs (73 percent) had no suggestions to make. The remainder made the following recommendations most frequently.

- a. Provision should be made for sending reports to the District Office by mail.
- b. At present no report forms are provided to supervisors. For each type of report a separate type of form should be provided.
- c. PBHW Monthly Reports should always be sent to the FPO via the IS and not directly.

3. Family Planning Officers

- a. To facilitate communication between FPOs and the Central Office, wireless sets should be provided in each District Office.
- b. In some cases District Offices are not receiving reporting forms on time and so sometimes run out of them. The Central Office should, therefore, endeavour to send reporting forms regularly and in sufficient numbers.
- c. The responses of FPOs suggested that some of them would like to receive more feed-back in response to reports sent from district level to the Central Office.
- d. The Central Office should allow more time between issuing directions to Districts and the date by which they must be carried out. For instance, one FPO complained that he had received instructions from the Central Office to send PBHWS for training immediately, before new workers had been selected. The recruitment procedure, therefore, in this case, was a rushed job.

IX. SUPPLIES

This chapter presents an account of the current status of PBHW supplies and is based on data obtained from the questionnaires and an inventory of PBHW stores carried out by New ERA field teams. It deals with the types of supplies the PBHWs usually receive, the stock they actually had at the time of the survey and the frequency of receiving supplies. The additional types of supplies PBHWs would like to receive are also discussed and, finally, the chapter includes a list of recommendations made by FPOs on ways of improving the supply system.

A. Location of Supplies

PBHWs were asked where they kept their supplies of drugs and contraceptives. Three quarters replied that they were kept in their own homes in the panchayat where they work. Five percent said they were kept in their own homes in another panchayat, i.e., those respondents were non-local PBHWs. Four percent, said their supplies were stored in the Pradhan Pancha's house and 11 percent said they were in the Panchayat Office building (see Table 9.1).

Table 9.1 : Location of Supplies

Locations	Respondents	Percentage
1. Own Residence in Panchayat	147	75
2. Own Residence in another Panchayat	9	5
3. In Pradhan Pancha's house	8	4
4. In the Panchayat Office building	21	11
5. Others	10	5
Total	195	100

B. Type of Supplies Received by PBHWs

Nearly all respondents (98 percent) reported that they receive pills and condoms. Most of them also said they received reporting sheets, multivitamins, pill acceptor cards and notebooks. Less than two thirds received Ward Registers or piprazine tablets and only about a half received a store box. Thirty-nine percent said they usually received RD Sol, 32 percent received Iron Tablets and less than one fifth received Sulfatriad. Table 9.2 shows that there is a large regional variation in supplies received by PBHWs.

Table 9.2 : Percentage of PBHWs Who Reported that They Received These Basic Supplies by Development Regions

Development Region	Total Number of respondents	Fills	Condoms	RD Sol	Iron Tablets	Reporting Forms	Ward Register	Multi-Vitamins	Sulpha-Guanidine	Aspirin	Sulfatriad	Piprazine	Pill Cards	Box	Note-Book
		%	%	%	%	%	%	%	%	%	%	%	%	%	%
Far Eastern	41	100	100	66	66	98	79	98	83	76	32	59	95	76	95
Eastern	38	100	100	39	34	84	89	95	32	95	21	53	95	47	84
Central	70	97	100	23	23	84	60	91	46	83	6	80	91	50	54
Western	29	97	97	48	14	83	10	72	62	59	14	62	76	17	79
Far Western	17	100	100	24	12	59	29	47	47	41	35	47	59	47	53
All Regions	195	98	98	39	32	85	62	87	53	76	18	65	88	50	72

C. Stocks of Supplies Found in PBHW's Boxes at the Time of Survey

The PBHW is supposed to be given a box in which to store his supplies but it was found that only 38 percent of respondents actually had such a box (see Table 9.3) though 50 percent reported earlier (Table 9.2) that they do receive a box. The others store their supplies on shelves or elsewhere in their homes.

The field teams were instructed to examine the PBHWs' boxes or shelves and to report the types and quantities of supplies in their possession. They found that almost half of the PBHWs sampled had no Ward Register, pill cards or daily reporting sheets and less than ten percent had ever received an umbrella, a bag, or a spare diary. Other supplies found included cycles of pills, condoms, packets of RD Sol^{1/} multivitamin tablets, APC, Iron, Piprazine and Vitamin A-D tablets. All items were inventoried and the results, are presented in Appendix D (Tables D.1, D.2 D.8).

Overall, six percent of PBHWs had no pills in stock (Table D.1) and about a quarter of them (22 percent) did not have condoms (Table D.2). More than four-fifths had no RD Sol and nearly 90 percent did not have Iron Tablets. Only about half had APC tablets, piprazine and Vitamins A-D.

It appears from these findings that about half of the PBHWs sampled did not have the supplies necessary for their work.

1/ Rehydration Solution.

Table 9.3 : Percentage of PBHWs Who had Ward Register Sheets, Pill Cards, Daily Report Sheet, Diary, Box, Umbrella, Bag and Table and Chair

Items	Percentage of Respondents Who Had These Items (N=195)
Ward Register Sheets	46
Pills Card	62
Daily Reporting Sheets	52
Diary	4
Box	38
Umbrella	6
Bag	8
Table and Chair	3

N= Total Number of Respondents.

D. The Need for Additional Supplies

The PBHW is popularly known as "Doctor Sahib" in many villages and is expected to provide medicines for many ailments. So when they were asked "Is there anything in the way of supplies, equipment etc. that you feel would help in your job?" many of them said they could use more medicines. They were also asked to explain what each kind of medicine would be used for and all cited the correct usage. Most of the medicines mentioned were for stomach problems, eyes, throat, nose, cuts, bruises, minor wounds and headaches.

E. Ordering and Receipt of Supplies

In spite of the fact that ISs are officially responsible^{1/} for delivering supplies to PBHWs, the survey found that nearly two thirds of PBHWs usually collect their supplies personally from

1/ Nepal FP/MCH Field Services Manual BS 2033.

the District Office. Only 31 percent said their supplies were usually delivered to them by their supervisor (see Table 9.4). One notable exception to this is in the Eastern Region where 71 percent of PBHWS receive their supplies from their supervisor. Moreover, when analysed by hill versus Terai districts, a majority of PBHWS in the hill districts collect their supplies themselves, while just the reverse was true for PBHWS from Terai districts.

At the questionnaire design phase of this survey it was assumed that the majority of ISs were actually delivering supplies to PBHWS and so a question was included in the IS questionnaire asking "How often are supplies sent to PBHWS?" Sixty percent of supervisors replied "once in three months" (see Table 9.5).

PBHWS were asked what was the usual length of time before their stocks were depleted that they re-ordered items. Nineteen percent replied that they re-order 11 to 15 days before stocks run out, 38 percent 6 to 10 days and 33 percent 1 to 5 days beforehand (see Table 9.6).

So, PBHWS order supplies in two ways. Those who usually receive them from the IS have to tell him in advance what they require. Those who collect them personally from the District Office have to fill out an order form at the Office. When asked what was the average length of time between ordering supplies and receiving them, the majority replied that the average time was between one and five days. This includes those PBHWS who go to the District Office and collect their supplies on the same day (see Table 9.7).

Table 9.7 shows that PBHWS in hilly regions receive their supplies more quickly than in the Terai. This is contrary to what one would expect, given the greater ease of transport and communication in the Terai relative to the hilly areas.

Table 9.4 : From Whom PBHws Usually Receive their Supplies

Regions	Total No. of respondents	Collected by			No response
		IS	Self	Others	
		%	%	%	%
<u>Geographical Region</u>					
Hill	148	20	74	5	1
Terai	47	66	34	-	-
<u>Development Region</u>					
Far Eastern	41	15	78	7	-
Eastern	38	71	29	-	-
Central	70	31	64	1	3
Western	29	7	83	10	-
Far Western	17	24	76	-	-
Total Respondents	195	31	64	4	1

Table 9.5 : How Often Supplies are Sent to PBHws, as Stated by ISs

Background Variables	Total No. of Respondents	No reply	Once a month	Twice a month	More than twice a month	Once in two months	Once in 3 months	Once in 6 months	Others
		%	%	%	%	%	%	%	%
<u>Age</u>									
15-24 yrs	58	5	21	3	2	7	47	3	12
25-34 yrs	57	4	18	-	-	-	72	4	5
35 & above	4	-	-	25	-	-	75	25	-
<u>Marital Status</u>									
Married	97	5	23	2	1	3	57	4	6
Unmarried	22	-	-	5	-	5	73	5	18
<u>Education Level</u>									
Passed SLC	105	5	19	2	1	4	59	4	9
Not Passed SLC	14	-	14	7	-	-	64	7	7
Total Respondents	119	4	18	3	1	3	60	4	8

Note: Percentages total more than 100 as respondents gave more than one answer.

Table 9.6 : Length of Time Before Stocks are Depleted that PBHWs Re-order Items of Supplies

Development Region	Total No. of Respondents	1-5 days	6-10 days	11-15 days	16-20 days	20 days and above	No response
		%	%	%	%	%	%
Far Eastern	40	15	43	25	3	15	-
Eastern	36	22	53	19	-	6	-
Central	60	42	30	18	3	5	2
Western	18	56	33	6	-	-	6
Far Western	10	50	30	20	-	-	-
All Regions	164	33	38	19	2	7	1

Table 9.7 : Table to Show the Average Length of Time Between Ordering and Receiving Fresh Supplies

Regions	Total No. of Respondents	1-5 days	6-10 days	11-15 days	16-20 days	20 days and above	No response
		%	%	%	%	%	%
<u>Geographical Region</u>							
Hill	148	76	15	5	1	1	3
Terai	47	43	34	4	6	9	4
<u>Development Region</u>							
Far Eastern	41	61	17	5	2	10	5
Eastern	38	68	18	5	3	3	3
Central	70	67	23	4	1	1	3
Western	29	76	14	7	-	-	3
Far Western	17	71	24	-	6	-	-
All Regions	195	68	19	5	2	3	3

F. Problems in the Supply System

PBHWs were asked "Have you ever faced difficulties due to the lack of pills and condoms?" Twenty-four percent replied that they had, while the majority replied that they had not (see Table 9.8).

In the questionnaire administered to FPOs, the question was asked "How well is the supply system working now?" Responses are presented in Table 9.9 and show that more than 60 percent thought the system is working well.

G. Recommendations Made by Family Planning Officers on Ways of Improving the Supply System

--It was suggested that supplies should be allocated to Districts by the Central Office on the basis of quantities requested.

--A separate budget should be allocated for supply transportation expenses.

--Supplies for the PBHW programme should be sent separately from those for other programmes.

--Several FPOs said they would prefer to receive supplies every six months instead of every three months, as happens now.

Table 9.8 : Table to Show if the PBHWs Ever had to Stop their Work Due to Lack of Condoms and Pills

Regions	Total No. of Respondents	Yes %	No %	No Response %
<u>Geographical Region</u>				
Hill	148	20	79	1
Terai	47	36	64	-
<u>Development Region</u>				
Far Eastern	41	22	78	-
Eastern	38	37	63	-
Central	70	16	83	1
Western	29	24	72	3
Far Western	17	29	71	-
All Regions	195	24	75	1

Table 9.9 : How Well the Supply System is Working Now in the Opinion of FPOs

Development Region	Total No. of Respondents	Very Good	Good	Not Good	No Reply
		%	%	%	%
Far Eastern	9	-	100	-	-
Eastern	5	-	60	40	-
Central	11	27	55	18	-
Western	7	14	57	14	14
Far Western	5	40	20	40	-
All Regions	37	16	62	19	3

X. TRAINING

Section 1 of this chapter presents findings of an investigation into the organisation of PBHW training programmes. It includes an account of their development, a general view of trainees, their instructors and the programmes themselves i.e., course content and its relationship to the job description, training methodology, emphasis etc. The planning process for training is also examined. Information for this section was obtained through informal interviews with officials in the Training, Evaluation and Service Divisions of the FP/MCH Project. In section 2 of the chapter data are presented from the sections on training in the questionnaires administered to PBHWs, ISs and FPOs. This deals with opinions as to the usefulness of training, extent of understanding of the curriculum and the need for refresher training.

Section 1

A. The Development of PBHW Training Programmes

PBHWs are expected to perform the vitally important job of educating the rural population, changing attitudes and delivering health services. This requires skill in the fields of motivation, aspects of basic health education and primary health care as well as organisational capabilities. Their training is, therefore, of the utmost importance in equipping them to do these things. In view of this, PBHW and IS training courses have been undergoing experiments and revisions since the beginning of the programme.

When the programme began, PBHWs were given a two week long training course in Kathmandu.^{1/} These courses were characterised by the following features:

1/ Nepal FP/MCH Data Analysis Final Report, page 116.

- a. A large number of topics were covered in a short space of time. These included nutrition, family planning, population dynamics, primary health care and sanitation.
- b. Half the time was spent on clinical topics and the remainder on field activities.
- c. The training method was mainly lectures. There was no opportunity for field experience. Trainees had little scope for active participation in the process of learning. There were no group discussions, role-playing or demonstrations.
- d. Classes generally consisted of large numbers of trainees.
- e. Due to a virtual absence of lesson planning and inconsistencies in dealing with prescribed topics, teaching methods and course content depended heavily on the discretion of the trainer.

In 1976 a new and improved form of training, based on field experience, was introduced as part of the experimental family planning programmes in Gorkha and Dhanusa. The results showed that workers who had undergone the new type of 'experiential' training courses performed considerably better than those who had not.^{1/} The new type of training was characterised by the following:

- a. Training was conducted in the home districts of the trainees.
- b. The duration of the training was extended to 5 weeks for PBHWs and one additional week for ISs, to include classes on aspects of supervision.

^{1/} See 'The Community Based Experimental Family Planning Programme', Chapter III, FP/MCH Data Analysis, Final Report.

- c. Teaching methods were revised to include more practical approaches such as group discussions and role-playing.
- d. Structured field activities were included, enabling PBHWs to deal with community leaders and villagers with more confidence.
- e. The District Family Planning Officer also assisted in training and Intermediate Supervisors were asked to provide on-the-spot guidance to PBHWs.

B. A Review of the Present Training System

The training programmes in use at present follow the model introduced in the Gorkha and Dhanusa experiments. They are discussed below under the following headings:

- a. The Trainees
- b. The Instructors
- c. The Training
- d. The Planning Process

1. The Trainees

PBHWs and ISSs are usually recruited from the community in which they are to be posted (see Chapter on Recruitment). They are employed under short term contracts, renewable annually. Although it was originally thought that the minimum standard of education for PBHWs should be Class 8, in practice, people who are barely literate have been accepted. The minimum level of education for an IS is SLC^{1/} Alternatively, he should have worked for at least three years as a Health Aide. Again, officially, there is a preference for female workers but it is actually very

^{1/} Passed Grade 10.

difficult to recruit them, as women tend to have less access to schooling and, therefore, few of them meet the educational qualifications.

In many cases there is a delay between the recruitment of PBHWs and their training since they have to wait until a training course is held in their area. It was not possible to ascertain the precise number of PBHWs presently working who have received training because there are no records available of numbers dropping out from the programme. The Training Division provided the following information on PBHWs trained so far.

Total number of PBHWs trained since the beginning of the programme	1205
Total number of ISs trained since the beginning of the programme	214
Number of PBHWs trained this year (2037/38)	281
Number of ISs trained this year	42
Number of training programmes held this year	10
Number of programmes held at permanent centres, i.e. Dharan, Surkhet, Pathlaiya	4
Number of programmes held at mobile centres, i.e. Pokhara, Dhulikhel, Haraicha, Mahendranagar, Dailekh and Dang	6

According to the PBHW Work Plan issued by the FP/MCH Project the targets for training PBHWs and ISs were 600 and 100 respectively, for the year 2037/2038, including replacements for workers who had been trained but had since left their

jobs. It can be seen that the numbers actually trained have fallen short of these targets. Political events, like the Referendum and the General Election and recruitment difficulties were mainly responsible.

2. The Instructors

The Training Division of FP/MCH Project is responsible for carrying out PBHW and IS training programmes. Out of 12 approved posts, 10 training officers are currently working in this division. Apart from running the above programmes, this team organises several other refresher and in-service training courses for various categories of project personnel including FPOs, Auxillary Nurse Midwives (ANMs) and Supervisors. Members of the team need, therefore, the ability to teach a whole range of subjects to people from different backgrounds and at different levels of educational acheivement. Table 10.1 shows the academic qualifications of the permanent trainers and the special training courses completed by them.

This chart clearly shows the varied backgrounds of instructors. Some respondents interviewed in the Training Division complained of wide differences and inconsistencies in individual approaches to training. Some people felt that teaching methods should be standardised. Specifically, it was felt that feed-back systems, the practice of peer evaluation, occasional workshops and training manuals should be introduced.

Due to a shortage of manpower within the Training Division, and because of the need felt for teaching by experts on particular subjects, guest trainers from various sectors of the project are invited to take part in training. Doctors, FPOs, Staff Nurses and ANMs are the most frequent contributors. In view of this, it is difficult to assess the overall standard of teaching.

Table 10.1 : Academic Background of Training Instructors

Academic Background	Instructors										Total
	A	B	C	D	E	F	G	H	I	J	
M.A.		*	*		*				*	*	5
B.A.	*			*		*	*				4
B.Ed.								*			1
M.S. (USA)		*									1
Diploma Health Education (India)			*								1
Training in US (8-16 months)		*				*					2
Training in Thailand (2 weeks)							*			*	2
Training in Shri Lanka (2 weeks)		*			*			*			3
Training for Instructors, Nepal (4 weeks)	*	*			*	*		*	*		6
FPO Training	*	*	*	*			*				5

3. Training

a. The Curriculum and Its Relationship to the Job Description:

Apart from extra classes on aspects of supervision for ISs, the curriculum is the same for both types of worker. The curriculum is loosely based upon the PBHW's job description. The job description currently in use, however, does not include specific guidelines for the day to day functioning of PBHWs and the extent of basic knowledge they require is not made clear. Based upon recommendations of two regional seminars of programme related personnel held in Pokhara and Nepalgunj in March this year 1981, a new job description was

developed. This is still in the form of a recommendation and has not yet been adopted officially.

Three main components determine the content of the training curriculum which is actually taught. These are:

--The PBHW job description;

--The official curriculum produced by the Training Division. (This focusses rather more on teaching methodology rather than on course content); and

--An operational manual prepared by the FP/MCH Project some years ago for use by the previous type of workers in this field--the clinic-based health aides. This was published in 1975.

The PBHW job description stipulates the following duties of PBHWs:^{1/}

PBHW Job Description

1. PBHWs should work at least 7 hours per day on every HMG working day;
2. Records and supplies are to be kept in his house;
3. He should visit each house in all Wards of the Panchayat;
4. The first visit to each household should last at least half an hour and should include motivation and updating of records;
5. Contents of Jhola (bag);
6. Daily register of day's work should be kept;

1/ In Field Services Manual, Nepal FP/MCH BS 2033.

7. White and yellow contraceptive cards should be completed;
8. Follow up visits should be made after two weeks have elapsed since first visit;
9. Names of children requiring immunisation should be listed. Arrangement of immunisation camps should be done in consultation with FPO;
10. Referral cards should be completed;
11. Motivate people to use contraceptives;
12. Other subjects for motivation include nutrition, sanitation, anaemia and communicable diseases; and
13. Services provide contraceptives, RD Sol and Iron Tablets.

The official curriculum produced by the Training Division in Bhadra, BS 2035, stipulates that the following elements should be included in the training course:

Training Curriculum

1. Motivational principles
2. Field experience
3. Reporting system
4. Nutrition
5. Diarrhoea
6. Anaemia
7. Fertility control and contraception
8. Records and supplies
9. General counselling on baseline information, evaluation and field activities.

A comparison of the job description and the curriculum suggests that both need to be developed in more detail.

At present the job description does not elaborate the specific activities of EBHWs in sufficient detail to act as a guide for the daily work schedule. The curriculum does not indicate the extent of content area to be covered in the teaching. And the third element involved in the formulation of teaching curriculum, the manual, was not developed for EBHW use and is, therefore, not entirely suitable.

Coordinated efforts to bring about changes in both curriculum and job description are therefore, required. In addition, a special manual for PBHWs should be carefully developed, preferably through the use of field trials. A manual is also needed for supervisors to enhance their competence. It is likely, that because of their higher educational achievements, more detailed and complex information on family planning and maternal child health care could be contained in their manual as well as guidelines for supervision.

b. Training Methodology and Materials Used: Trainees are encouraged to learn by both 'saying' and 'doing'. Training takes place in the field as well as the classroom. The general guidelines and objectives of the training, according to the Training Division, are as follows:

The Guidelines

1. Provide maximum opportunity to trainees to participate in discussions;
2. Number of students to be less than 40 in a class;
3. Organise group discussions among the trainees;

4. Encourage trainees to solve problems by themselves;
5. Encourage trainees to write reports and speak with confidence before fellow trainees;
6. Take trainees to the field and encourage them to build rapport with the people and to enhance their confidence in dealing with villagers and community leaders; and
7. Help and encourage the practical use in the field of subjects such as motivation and provision of services learnt in the classroom.

Information obtained from interviews with training instructors and observation of an actual training programme suggest that in practice training methodology differs somewhat from the guidelines.

The Practice

1. The number of trainees differs from one training programme to another, often exceeding 40. At a mobile training programme observed by New ERA staff there were 80 trainees in a single classroom, but this may have been exceptional.
2. Teaching is mainly through lectures. Some trainees asked questions from time to time on matters they did not understand.
3. Trainees are divided into groups for field visits and preparation of field reports. These groups also discuss other topics and present their reports to the class.
4. Field visits are generally useful, except that trainees need better and more systematic guidance before and during field visits.

5. Practical and demonstrational activities on technical matters are generally missing or inadequate. The necessary supplies are not available for demonstration.
6. Different trainers use different techniques in teaching the same topic. There is also no consistency in the coverage of subjects.
7. A system of evaluation of training instructors has not yet been established although there appears to be a need for it.
8. It seems that no serious steps have been taken since 1977, when the revised curriculum was prepared, towards the improvement of training methods.

A systematic and structured monitoring of both trainers and trainees would help to reveal the present problems in training methodology and would contribute towards the development of remedial measures. (A series of suggestions and recommendations on training methods appear at the end of this report.)

The permanent training centres do have some teaching materials available, including charts, models and slide projectors but, according to some respondents, such equipment is seldom used in practice. Mobile training programmes are completely without additional teaching materials. Even the Health Aide operation manual is frequently not available for distribution among students. Blackboard and chalk are usually all that is used.

c. Course Content and Structure: Course content has not been clearly defined or presented in written form. It is usually developed, on the spot, by the trainers and loosely based on the PBHW job description, the official curriculum

and the operation manual for clinic-based health aides. This manual is not entirely suitable for use by PBHWs for the following reasons:

1. All clinical activities described in the manual are irrelevant to PBHWs.
2. Because of differences in the nature of the work of the two types of health workers, much of the other information is also irrelevant to PBHWs.
3. It is not clear how to extract the relevant portions of the manual for use in PBHW training.
4. The inappropriate parts of the manual, if used, may create problems. Names of clinical equipment and many drugs should not be incorporated in a manual used by PBHWs who are basic level community workers.
5. The language used in the manual is not simple enough for PBHWs, many of whom are barely literate.
6. Several aspects of the PBHW programme are not included in the manual.

The following summary of the curriculum issued by the Training Division indicates the preferred pattern of training:

<u>Activity</u>	<u>Day</u>
1. Reception, briefing	1
2. Counselling, baseline information	2
3. Opening ceremony, overview	3
4. Sensitivity workshop	4
5. Principles of motivation	5
6. Introducing field experience	6

	<u>Day</u>
7. Planning first field visit	7
8. First field visit	8,9,10,11
9. Reporting on first field visit	12,13,14
10. Nutrition, diarrhoea	15
11. RD Sol, sanitation, immunisation	16
12. Anaemia	17
13. Reviewing Nos. 10-12 Planning 2nd field visit	18-19
14. Second field visit	20-24
15. Reporting on 2nd field visit	25-27
16. Records and supplies	28
17. Fertility control and contraception	29-31
18. Final field visit	32-37
19. Reporting on final field visit	38-39
20. Comprehensive review	40
21. Final counselling, evaluation, closing ceremony	41-42

The above programme shows that a large portion of time is devoted to field visits and practical aspects of human relations. A considerable amount of time is spent on subjects such as sensitivity workshops, principles of motivation, planning for field visits and reporting sessions. Nearly a week is spent on informal counselling, official procedures and ceremonies. Only a week is left over to cover the subjects of family planning and health education, including nutrition, diarrhoea, sanitation, immunisation and anaemia. If used properly the above curriculum should be able to produce good results but there appear to be several serious practical constraints:

1. Dealing with a subject such as motivation requires planning, systematic guidelines, skill and enthusiasm on the part of the trainer, otherwise only a limited achievement is possible even though a whole day may be devoted to the subject. Very often there is a few hours class and lots of free time on the day allocated to this subject.

2. One whole day for planning a field visit and 3 days for reporting sessions are hardly necessary. In practice the reporting session takes half a day, or at most, one day's session.
3. None of the above subjects are clearly explained anywhere except in the form of guidelines in the curriculum.
4. After several weeks orientation on subjects such as principles of motivation, sensitivity workshops, and so forth, the note books of PBHs reveal that they are able to note down very few things which can be used for future reference.
5. In the absence of a clear cut training strategy and planning on each of the topics, supported by appropriate manuals and teaching materials, the active participation of trainees has not been possible.
6. Training instructors have not been given practical orientation on how to use the curriculum and other aspects of training. This results in inconsistencies between different programmes.
7. There is an absence of follow-up and thorough evaluation of training.

Due to these constraints and other practical problems, the official curriculum is not followed strictly. The following curriculum received from a mobile training centre may be indicative of some of the problems of teaching the prescribed basic curriculum.

<u>Activity</u>	<u>Day</u>
1. Arrival of trainees and registration	1
2. Mutual introduction, pretest	2

	<u>Day</u>
3. Overview, objectives of training, allowances and advances	3
4. List of topics to be covered, grouping of trainees, select monitor of the class	4
5. Prepare first field visit	5
6. First field visit	6-11
7. Field reports	12
8. Motivation, immunisation, group discussion	13
9. Motivation, immunisation, general	14
10. Saturday (no class)	15
11. Motivation, communicable diseases group discussion	16
12. Family planning, communicable diseases, materials and supplies	17
13. Job description of PBHws, family planning	18
14. Job description of IS, Family planning, group discussion	19
15. Family planning, communicable diseases	20
16. Family planning, communicable diseases personal hygiene	21
17. Saturday (no class)	22
18. Maternal and child health, family planning, community participation	23
19. MCH, Health education, card systems	24
20. Health education, community participation group discussion	25
21. Nutrition, reporting card system, explanation, child health	26
22. Communicable diseases	27
23. Nutrition, group discussion	28
24. Saturday (no class)	29
25. Prepare second field visit	30
26. Second field visit	31-39
27. Field reports, MCH	40
28. Saturday (no class)	41
29. Separate classes for ISs, 3rd visit to field, reviews, field reports etc.	42-49

A comparison of the model training programme issued by the Training Division and the timetable for a mobile programme that actually took place recently shows the relationship between the two to be flexible. So long as the basic components of the curriculum are covered it would seem that a certain degree of freedom is desirable on the part of trainers to arrange programmes to suit local conditions and availability of personnel.

d. Emphasis: The main emphasis of the training, according to officials interviewed in the Training Division of the project and instructors themselves, is on fulfilling the following objectives:

1. To provide practical and effective field orientation to trainees so they are able to speak to villagers and community leaders without any hesitation or awkwardness.
2. To help develop their motivational skills, enabling them to educate and influence people on various aspects of health and family planning.
3. To impart basic but adequate knowledge on family planning devices, particularly, pills and condoms, so that they may be able to distribute them to as many couples as possible after dispelling all their doubts and misgivings.
4. To enable them to organise vasectomy and laparoscopy camps and to arrange local resources including volunteers and a venue. And to arrange for sterilisation candidates to attend the camp.

The need for more emphasis on aspects of nutrition and health education is currently under consideration by the Training Division.

e. Performance Evaluation: In order to evaluate training, pre-training and post-training tests are often used, in the form of questionnaires. The same set of questions are given to the trainee at the beginning and end of the course. Results of these tests are unfortunately, stored at the training centres and were unavailable for this study. Not suprisingly, an examination of pre and post-test results from the mobile training programme attended by New ERA staff showed the overall impact of training on PBHW knowledge to be positive. Although the performance of PBHWs and ISs in the field has been examined on several occasions by the FP/MCH Project, the impact of training alone on the standard of performance has not so far been studied.

4. The Planning Process for Training

Guided by the objectives and policies of the FP/MCH Project, the Training Division is responsible for organising training programmes at the permanent centres in Surkhet, Dharan and Patlaiya and mobile programmes at various places in Nepal. Based on target figures and locations provided by the Project, the Training Division plans the time schedules of programmes throughout the year. In addition to scheduling, the development of curriculum and basic content of training, deputation of teachers and other personnel as well as the arrangement of supplies from the Central Office are all done by the Training Division.

Two or three trainers are responsible for running programmes in each of the training centres. These people develop the timetables. Several aspects fall under their discretion. Decisions are made locally on the following:

- Location of training (actual venue)
- Exact dates of programme
- Training hours

- Guest trainers
- Ceremonial components
- Financial disbursements on matters related to specific units of programme
- re-scheduling and readjustment of timetable, where necessary

Section 2

A. Attitudes Towards Training

All PBHws were asked in the questionnaire if they had received training and if so, where and how useful did they find it. Supervisors were asked to assess the training received by PBHws and then FPOs were asked to rate the training received by both ISs and PBHws.

Almost all PBHws interviewed had attended a training programme, only three percent had not. Those who had not had been employed by the Project for less than a year (see Table 10.2).

An overwhelming majority of respondents (95 percent) were of the opinion that their training had either been "very helpful" or "helpful" (see Table 10.3). Only four percent said it was "not helpful". Among the reasons they gave were that the training was not long enough and that not all subjects taught were relevant to the job.

When asked if they had understood everything taught during the course, 84 percent replied positively (see Table 10.4). Predictably, a higher percentage did not understand everything among those with fewer years of schooling than those who had passed SLC. The aspects of training that this group (only 30 respondents) found it difficult to understand are presented in Table 10.5. "About medicine" and "about completing Monthly Reports" were two aspects not understood by a considerable proportion.

Approximately 70 percent of the sample were of the opinion that some changes were needed in the training programme. Forty-three percent thought that the duration of training should be extended and 22 percent said that there should be emphasis on different aspects of the job (Table 10.6).

A larger proportion of EBHWs trained at permanent training centres considered that the training "should be longer" compared with those trained at mobile centres while the opposite was true for those saying a "different emphasis" was needed.

Table 10.2 : Percentages of PBHW Who have Received Training, by Length of Service

Length of Service	Total No. of Respondents	Respondents who had Training	Respondents who had no Training
		%	%
Less than 1 yr.	22	77	23
Completed 1 yr.	104	100	-
Completed 2 yrs	66	100	-
Completed 3 yrs and above	3	100	-
Total Respondents	195	97	3

Table 10.3 : The Extent to Which Training was Considered Helpful in PBHWs' Opinion

Background Variables	Total No. of Respondents	Very Helpful %	Helpful %	Not Helpful %
<u>Sex</u>				
Male	157	60	34	5
Female	33	36	64	-
<u>Age</u>				
15-24 yrs	100	53	42	5
25-34 yrs	80	60	36	4
35 and above	10*	60	40	-
<u>Marital Status</u>				
Married	145	59	37	4
Unmarried	45	47	49	4
<u>Education Level</u>				
Grade 1-5	8*	75	25	-
Grade 6-10	159	56	40	4
SLC and above	23	52	43	4
<u>Training</u>				
Training Centre	61	39	51	10
Mobile Centre	129	64	34	2
Total Respondents	190	56	39	4

* Denotes less than 10 percent of the total sample.

Table 10.4 : Did PBHWs Understand Everything Taught during Training?

Background Variables	Total No. of Respondents	Yes %	No %
<u>Education Level</u>			
Grade 1-5	8	63	38
Grade 6-10	159	84	16
SLC and above	23	96	4
<u>Training</u>			
Training Centre	61	82	18
Mobile Centre	129	85	15
Total Respondents	190	84	16

Table 10.5 : Subjects or Aspects of Training not Understood by PBHWs

Total No. of Respondents	Filling monthly reports	Sarbo-ttam pitho	Rehy-dration	Anaemia	Medi-cine	Motiva-tion	Others
	%	%	%	%	%	%	%
30	30	13	3	7	40	3	23

Table 10.6 : Changes Recommended by PBHWs in Training Programme

Background Variables	Total No. of Respondents	It should be longer	It should be shorter	Different emphasis	Different teaching materials	Others	No reco-mmendation	Did not reply
		%	%	%	%	%	%	%
<u>Education Level</u>								
Grade 1-5	8	63	-	38	-	-	38	-
Grade 6-10	159	42	4	19	8	36	28	2
SLC and above	23	43	-	39	4	39	30	-
<u>Training</u>								
Training Centre	67	49	7	22	6	42	15	-
Mobile Centre	123	40	1	22	7	31	36	2
Total Respondents	190	43	3	22	7	35	28	2

B. Assessment of Training by Intermediate Supervisors and Family Planning Officers

All supervisors and FPOs were asked to rate the training received by their PBHWs with reference to the relationship between the training and the PBHW job description. Ninety-four percent of ISs interviewed rated the training received by PBHWs as either "very good" or "good". Only one percent said it was "not good" and five percent did not respond to the question (see Table 10.7).

Table 10.7 : Rating of PBHW Training by Their Supervisors and Family Planning Officers

Rating by	Total no. of Respondents	Very good	Good	Not good	Abstained
		%	%	%	%
Supervisors	119	30	64	1	5
FPOs	37	3	78	16	3

It can be seen from this table that a smaller percentage (81 percent) of FPOs rated the training highly. Sixteen percent of FPOs rated the training as "not good". These respondents were from the Far Eastern, Central and Western Regions (see Table 10.8).

When FPOs were asked to rate the training received by ISs, their responses were the same as responses to the question of PBHW training. This is not surprising since both types of workers receive the same training. But obviously, their roles are different. ~~Many supervisors and a few FPOs said, in informal discussions with the field teams, that the training given to supervisors should be more extensive than that given to PBHWs and more time should be devoted to aspects of supervision that at present.~~

Table 10.8 : FPO's Rating of the Training Received by PBHWs

Development region	Total no. of Respondents	Very good	Good	Not good	Abstained
		%	%	%	%
Far Eastern	9	-	89	11	-
Eastern	5	-	100	-	-
Central	11	9	73	18	-
Western	7	-	57	43	-
Far Western	5	-	80	-	20
All Regions	37	3	78	16	-

Note: Readers are asked to note that the number of respondents in each category is very small.

C. The Need for Refresher or In-Service Training

Under the present system, PBHWs are given a course of training only once at the beginning of their career and there is no provision for refresher training or regular workshops. Since the majority of them are barely literate, it is extremely difficult for them to retain the knowledge they have acquired during the training or to build upon it by reading on subjects related to the work.

Four fifths of PBHWs sampled expressed the view that some kind of refresher training was needed (see Table 10.9). This view was most prevalent among PBHWs who were least educated, those who had completed one year or more of service and those who were trained at the permanent centres.

Table 10.9 : Percentages of PBHWs Who Feel a Need for Refresher Training

Background Variables	Total Number of Respondents	Yes %	No %
<u>Education Level</u>			
Grade 1-5	8	100	-
Grade 6-10	159	81	19
SIC and above	23	74	26
<u>Length of Service</u>			
Less than 1 yr.	17	59	41
Completed 1 yr.	104	81	19
Completed 2 yrs.	66	89	11
Completed 3 yrs and above	3	33	67
<u>Training</u>			
Training Centre	67	92	7
Mobile Centre	123	75	25
Total Respondents	190	81	19

Almost half of these respondents specified the need for refresher training to cover aspects of medicine and general health care (see Table 10.10). Other subjects that they felt needed reiteration include immunisation (22 percent) and family planning (18 percent). Seven percent felt that refresher training should include instructions on record-keeping.

Of the 81 percent of PBHWs sampled who felt some sort of refresher training to be necessary, about two-thirds felt that it should be given every year and another 19 percent thought it should take place once in every two years (see Table 10.11).

In spite of their very positive rating of training received by PBHWs, a large majority of both supervisors and FPOs considered that refresher training is needed for PBHWs and supervisors. Ninety-seven percent of FPOs and ninety-one percent of ISs thought that refresher training should be given to PBHWs. Furthermore, 97 percent of FPOs and 92 percent of ISs said that supervisors should also given refresher training.

In-Service Training for Family Planning Officers: All FPOs were asked if they felt special training courses or workshops should be organised for them to enable them to administer the programme more efficiently and effectively. Approximately two-thirds of them (24 out of a total of 37 FPOs interviewed) replied that such training would be beneficial.

Table 10.10 : Subjects Which EBHWs Consider should be Covered in Refresher Training

Background Variables	Total No. of Respondents	No reply	General health care and medicine	Immunisation	Family planning	Keeping records	Health and diseases	Subjects taught before	Others
		%	%	%	%	%	%	%	%
<u>Education Level</u>									
Grade 1-5	8	13	38	-	25	-	25	13	25
Grade 6-10	129	2	47	22	18	7	5	2	29
SLJ & above	17	-	41	29	12	12	-	12	24
<u>Length of Service</u>									
Less than 1 yr.	10	10	50	10	40	-	-	-	20
Completed 1 yr.	84	2	48	23	19	2	6	4	26
Completed 2 yrs	59	-	44	20	12	15	5	5	34
Completed 3 yrs and above	1	-	-	20	-	-	-	-	-
<u>Training</u>									
Training Centre	62	3	44	21	19	8	3	3	19
Mobile Centre	92	1	48	23	16	7	7	4	35
Total Respondents	154	2	46	22	18	7	5	4	29

Table 10.11 : PBHWs' Suggestions as to How Often Refresher Training should be Held

Background Variables	Total No. of Respondents	Once a year	2 times a year	More than 2 times a year	Once in 2 years	Others	No reply
		%	%	%	%	%	%
<u>Education Level</u>							
Grade 1-5	8	75	13	-	13	-	-
Grade 6-10	129	162	20	2	9	7	1
SEC and above	17	71	12	-	12	6	-
<u>Training</u>							
Training Centre	62	68	5	-	5	3	-
Mobile Centre	92	61	22	2	7	7	1
<u>Length of Service</u>							
Less than 1 yr.	10	40	30	-	10	20	-
Completed 1 yr.	84	71	15	2	7	2	1
Completed 2 yrs	59	56	22	-	12	10	-
Completed 3 yrs and above	1	100	-	-	-	-	-
Total Respondents	154	64	19	1	9	6	1

D. The Need Felt for FP/MCH Orientation for Others in the Community

The cooperation and participation of others in the community, especially leaders, can contribute greatly to the success of the PBHW programme. The survey has shown that some members of society, Pradhan Panchas, for example, are already actively involved in the programme in some cases. In a number of panchayats the Pradhan Pancha is instrumental in the selection and recruitment of workers and, sometimes, he plays a part in ensuring that the PBHW visits all workers in the panchayat on a regular basis.

All supervisors and FPOs were asked to recommend leaders from various sectors of society who should be given a short orientation

course on the PBHW programme. This would inform them about the aims of the programme and encourage their cooperation. According to the opinion of ISS and FPOs, such orientation should be given to Dhami/Jhankris^{1/} Panchayat officials and teachers.

^{1/} Traditional faithhealers - See Faith Healers - A Force for Change by Ramesh Man Shrestha and Mark Lediard.

XI. COMMUNITY PERCEPTIONS OF THE PBHW AND HIS WORK

A. Awareness of PBHW Services

New ERA field teams were instructed to interview at least ten people in each panchayat who had met the PBHW. The only guidelines for selecting people for interview were that they should be married, should preferably include at least one community leader and should live at varying distances from the PBHW's house. A total of 2,838 people were approached for interview although the full interview took place only with those who had actually met the worker.

Out of the above total, 638 were not aware that there was a PBHW working in their panchayat and 536 had heard of him but had never actually met him. So, of the total of 2,838 community residents approached for interview, 1,664 were aware of him and his work and had actually met him. The information obtained from these community residents is presented in this chapter.

B. Contact with the PBHW

1. Frequency of Visits

A total of 1,664 respondents replied to the question concerning the number of times they had been visited by the PBHW during the previous three months. More than half (55 percent) of respondents had been visited three or more times while nine percent reported that they had not been visited at all during the period (see Table 11.1). It appears that PBHWs visit men more frequently than women. The mean number of visits reported by males is 3.3 while for female respondents the mean number reported is 2.6 (see Table 11.5).

As might be expected the workers tend to visit households near to their own homes more frequently than those further away. The mean number of visits to households within one hour's walking distance of the PBHW's house is 3.1 whereas households between seven hours and one day's walk away received an average of only one visit within the last three months.

Slightly more visits were made to respondents with children than those without. Respondents with living children were visited an average of three times while those with no children were visited about 2.6 times. But, surprisingly, the mean number of visits was slightly higher for respondents over 45 years of age than those under 45 years (see Table 11.5).

As Table 11.2 indicates, more than two thirds of respondents had been visited by the PBHW at least once in the preceding month. When asked if the workers visited them regularly or irregularly more than two thirds reported that his visits were regular and the remainder said that visits were irregular. About 44 percent of respondents with no children reported that visits were irregular while only about a quarter of them with four or more children said his visits were irregular (see Table 11.3).

Table 11.1 : Frequency of Visits by PBHW in Last Three Months, as Reported by Community Respondents

Background Variables	Total No. of Respondents	Frequency of Visits						No Response
		0	1	2	3	4-6	6+	
		%	%	%	%	%	%	%
<u>Sex</u>								
Male	960	7	14	19	24	23	12	1
Female	704	12	17	23	26	15	7	1
<u>Age</u>								
15-24 yrs	261	9	15	20	25	20	10	1
25-34 yrs	641	10	16	20	27	17	10	1
35-44 yrs	499	8	15	22	26	22	7	1
45 and above	263	6	16	19	18	25	13	2
<u>Number of Living Children</u>								
None	90	10	19	27	22	14	8	0
1	189	11	16	16	26	22	11	0
2	252	9	17	21	25	18	9	1
3	294	8	15	19	29	20	7	1
4	288	9	14	18	25	23	9	1
5	234	9	14	23	23	19	11	1
6	170	8	15	21	21	24	11	1
7	84	2	13	30	24	17	11	4
8 or more	63	10	19	17	22	17	14	0
<u>Distance between Respondents and PBHW's House</u>								
Up to 1 hr.	1156	9	14	19	24	21	11	1
1-2 hours	232	7	13	22	28	20	9	0
2-3 hours	165	5	22	26	29	16	2	1
3-6 years	76	9	29	28	20	9	4	1
6 hrs to 1 day	10	20	50	10	10	10	0	0
More than 1 day	6	50	17	17	0	0	17	0
Do not know	17	10	18	12	18	29	6	0
No response	2	0	0	0	0	50	50	0
<u>Total Respondents</u>	<u>1664</u>	<u>9</u>	<u>15</u>	<u>20</u>	<u>25</u>	<u>20</u>	<u>10</u>	<u>1</u>

Table 11.2 : Percentage of Respondents who Reported Having been Visited by PBHWs in the Preceding Month, by Background Characteristics

Background Variables	Total No. of Respondents	Had been Visited %	Had not been Visited %	No Response %
<u>Sex</u>				
Male	960	74	25	1
Female	704	66	32	1
<u>Age</u>				
15-24 yrs	261	70	30	1
25-34 yrs	641	70	29	1
35-44 yrs	499	71	28	1
45 and above	263	75	24	1
<u>Number of Living Children</u>				
None	90	64	36	-
1	189	68	31	1
2	252	70	29	1
3	294	72	28	-
4	288	73	25	2
5	234	71	27	2
6	170	71	28	1
7	84	69	30	1
8 or more	63	78	22	-
<u>Distance between PBHW and the Respondents House</u>				
Up to 1 hr.	1156	71	28	1
1-2 hrs	232	75	24	1
2-3 hrs.	165	73	26	1
3-6 hrs	76	66	32	3
6 hrs to 1 day	10	20	80	-
More than 1 day	6	17	83	-
Do not know	17	47	53	-
No response	2	100	0	-
Total Respondents	1664	71	28	1

Table 11.3 : Regularity of Household Visits Made by PBHWS

<u>Background Variables</u>	<u>Total No. of Respondents</u>	<u>Very Regular</u> %	<u>Regular</u> %	<u>Irregular</u> %	<u>No Response</u> %
<u>Sex</u>					
Male	960	35	36	30	-
Female	704	30	39	30	1
<u>Age</u>					
15-24 yrs	261	28	42	29	1
25-34 yrs	641	32	35	32	1
35-44 yrs	499	35	37	28	-
45 and above	263	34	37	29	-
<u>Number of Living Children</u>					
None	90	22	33	44	-
1	189	32	36	30	2
2	252	31	38	30	1
3	294	31	38	30	-
4	288	34	37	28	-
5	234	38	35	27	-
6	170	35	36	27	1
7	84	31	43	26	-
8 or more	63	35	33	32	-
<u>Distance between PBHW and Respondents House</u>					
Up to 1 hr.	1156	32	38	29	1
1-2 hrs	232	35	39	26	-
2-3 hrs	165	38	35	28	-
3-6 hrs	76	26	30	43	-
6 hrs to 1 day	10	10	-	90	-
More than 1 day	6	17	17	67	-
Do not know	17	29	12	59	-
No response	2	100	-	-	-
<u>Total Respondents</u>	<u>1664</u>	<u>33</u>	<u>37</u>	<u>30</u>	<u>1</u>

2. Duration of Visits

Almost one third of the community respondents indicated that the PBHW usually spends between 15 and 30 minutes on each

household visit (see Table 11.4). Another 29 percent said he usually stays for more than 30 minutes. Table 11.5 shows that overall, the average amount of time devoted to each visit is 27 minutes. A slightly longer period of time is spent with male clients than with females. The table also shows that PBHWs tend to spend slightly more time on visits to people over 35 years of age.

There appears to be a direct relationship between the number of minutes reportedly spent on each visit and the number of children of the respondents. The average duration of visits to childless respondents is 24 minutes and it increases steadily to 32 minutes for respondents with eight or more living children. The average time spent also increases together with the walking distance between the respondents' house and the PBHW's.

Table 11.4 : Usual Length of Time Spent by PBHW on Each Visit

Background Variables	Total No. of Respondents	Minutes				30-1 day	More than 1 hr	No Response
		0-5	5-10	10-15	15-30			
		%	%	%	%	%	%	
<u>Sex</u>								
Male	960	11	5	18	30	19	13	5
Female	704	11	4	19	35	16	9	6
<u>Age</u>								
15-24 yrs	261	10	4	18	39	16	7	7
25-34 yrs	641	11	5	21	32	18	9	4
35-44 yrs	499	12	5	15	30	19	12	6
45 yrs and above	263	10	4	20	27	17	18	4
<u>Number of Living Children</u>								
None	90	12	6	19	33	17	7	7
1	189	8	3	20	33	18	12	7
2	252	13	4	20	34	15	9	5
3	294	12	4	20	33	16	9	6
4	288	13	5	18	31	19	11	3
5	234	11	8	15	30	19	13	3
6	170	8	1	20	33	24	11	4
7	84	4	7	14	26	25	14	10
8 or more	63	8	5	17	25	14	27	3
<u>Distance between PBHW and Respondents House</u>								
Up to 1 hr.	1156	13	4	19	25	16	10	4
1-2 hrs.	232	6	8	16	30	20	12	8
2-3 hrs	165	4	-	21	27	27	14	8
3-6 hrs	76	4	5	12	26	26	21	5
6 hrs to 1 day	10	10	-	-	20	20	40	10
More than 1 day	6	-	-	17	17	33	33	-
Do not know	17	24	-	29	24	12	12	-
No response	2	100	-	-	-	-	-	-
Total Respondents	1664	11	4	19	32	18	11	5

Table 11.5 : Mean Number of Home Visits Made to Community Respondents in Last 3 Months and Mean Number of Minutes Spent at Each House

Background Variables	Total No. of Respondents	Mean No. of home visits in last 3 Months	Mean No. of minutes spent in one household
		%	%
<u>Sex</u>			
Male	960	3.3	28
Female	704	2.6	25
<u>Age</u>			
15-24 yrs	261	3.0	25
25-34 yrs	641	2.9	25
35-44 yrs	499	3.0	27
45 and above	263	3.3	29
<u>Number of Living Children</u>			
None	90	2.6	24
1	189	3.1	27
2	252	2.9	24
3	294	2.9	24
4	288	3.1	25
5	234	3.0	27
6	170	3.2	28
7	84	3.1	31
8 or more	63	3.1	32
<u>Distance between Respondents' and PBHW's House</u>			
Up to 1 hr.	1156	3.1	25
1-2 hrs	232	3.1	28
2-3 hrs	165	2.5	32
3-6 hrs	76	1.0	34
6 hrs to 1 day	10*	-	-
More than 1 day	6*	-	-
Do not know	17*	-	-
No response	2*	-	-
Total Respondents	1664	3.0	27

* Denotes small number of respondents. The means, therefore, have not been calculated.

C. Services Provided by PBHWs

1. Information and Advice

When asked what topics were usually discussed during visits from the PBHW, a total of 13 subjects were mentioned. Family planning in general was usually discussed according to approximately one third of respondents. The largest number (46 percent) said that the PBHW usually talked about temporary methods of contraception, i.e., pills and condoms, and 28 percent mentioned sterilisation methods. Only six percent said they discussed how to use contraceptive pills and their possible side effects. Fourteen percent said they discussed the advantages of having fewer children, six percent talked about child spacing, 11 percent about maternal and child health care, 12 percent about sanitation, 10 percent about health care in general and only two percent discussed nutrition (see Table 11.6).

Table 11.6 : Topics Discussed When PBHW Visits Households, by Sex

Topics Discussed	Male	Female	All
	N= 960	N=704	N=1664
	%	%	%
1. To use either pills or condoms	45	47	46
2. About family planning	38	27	33
3. About laparascopy or vasectomy	31	23	28
4. About medicine	16	14	15
5. Advantages of having fewer children	15	13	14
6. About sanitation	13	10	12
7. About maternal and child health care	10	13	11
8. About general health	10	9	10

9. Spacing of children	5	7	6
10. Use of pills and possible side effects	3	10	6
11. Family planning and increased standard of living	6	5	5
12. To contact PBHWs for temporary contraceptive devices	3	3	3
13. About nutrition	1	2	2
14. Others	9	3	6
15. No response	2	3	3

Note: Percentage exceeds 100 as respondents gave more than one response.

2. Medicines and Contraceptives

Table 11.7 presents data on the percentages of respondents who had received medicines or contraceptives from PBHWs, analysed by the sex and age of respondents. Almost two thirds of respondents indicated that they had received either drugs or contraceptives. More than one third had never received either. Slightly more females said they had received drugs or contraceptives from the PBHW than males. About half of respondents aged 45 years or over had received either drugs or contraceptives while almost two thirds of respondents under 45 years had been given them.

Table 11.7 : Percentage of Respondents Who had Received Drugs and Contraceptives from the PBHW by Sex and Age

Background Variables	Total No. of Respondents	Received %	Not Received %
<u>Sex</u>			
Male	960	60	40
Female	704	69	31
<u>Age</u>			
15-24 yrs	261	64	36
25-34 yrs	641	65	35
35-44 yrs	499	69	31
45 and above	263	53	47
Total Respondents	1664	64	36

Of those who had been given something by the PBHW, 54 percent had received contraceptive pills, 33 percent condoms, 21 percent multivitamin pills and 14 percent APC tablets (see Table 11.8). Not surprisingly, condoms were distributed mainly to male respondents (58 percent) while contraceptive pills were given mainly to females (82 percent). Respondents under 45 years of age received most of the pills that were distributed.

Table 11.8 : Kinds of Medicine and Contraceptives Provided by the PBHW to Those Respondents Who Reported that They Received Drugs Contraceptives from the PBHW

Background Characteristics	Total Number of Respondents	Condom	Pills	RD Sol	Iron	APC	Multi Vitamins	Piprazine	Sulphadine	Others
		%	%	%	%	%	%	%	%	%
<u>Sex</u>										
Male	577	58	30	7	7	16	18	9	9	6
Female	488	4	82	16	7	12	24	6	6	4
<u>Age</u>										
15-24 yrs	166	34	60	12	8	8	12	7	8	4
25-34 yrs	417	35	53	14	9	14	22	6	7	5
35-44 yrs	432	32	58	10	7	12	24	9	7	6
45 and above	140	31	40	6	4	24	19	9	13	7
Total Respondents	1065	33	54	11	8	14	21	8	8	5

D. Community Assessment of PBHWs and Their Services

It is difficult to judge how accurate a reflection of opinion is obtained by asking people to rate the knowledge, attitude or performance of others. The responses may be influenced more by generosity than honesty. With this limitation in mind, however, New ERA thought it would be helpful to ask community respondents a series of questions about their opinion of the PBHWs and the services they provide.

1. Knowledgability

Table 11.9 shows that more than four fifths of respondents think that PBHWs are either "very knowledgable" or

"knowledgable" about their field of work. Only three percent rated them "not knowledgable" and one tenth said "don't know" in response to the question. Ninety-four percent of the community leaders felt PBHWs were knowlegable about their job while this figure is 86 percent for respondents who have no official position in the panchayat.

There appears to be a relationship between the percentage of respondents who feel PBHWs are knowlegable and their level of education. This also seems to be the case with people who have been visited by the PBHW regularly. Ninety six percent of respondents who had been visited very regularly by the worker said that he was either "very knowlegable" or "fairly knowledgable".

Table 11.9 : Community Perceptions of PBHW Knowledgeability

Background Variables	Total No. of respondents	Very Knowledgeable	Fairly Knowledgeable	Not Knowledgeable	Don't Know
		%	%	%	%
<u>Sex</u>					
Male	960	25	65	2	8
Female	704	23	60	3	13
<u>Age</u>					
15-24 yrs	261	21	65	3	10
25-34 yrs	641	23	63	3	10
35-44 yrs	499	26	62	3	10
45 and above	263	26	61	2	10
<u>Political Position</u>					
No position	1378	23	63	3	11
Pradhan Pancha/ Upa-Pradhan Pancha	108	42	52	2	5
Ward Representative	158	22	69	3	6
Others	14	36	64	0	0
Teacher	6	33	67	0	0
<u>Education Level</u>					
No education	781	24	59	3	15
Grade 1-5	582	25	66	2	7
Grade 6-10	216	21	70	3	5
SIC and above	85	32	62	4	2
<u>Regularity of Visits</u>					
Very regular	540	45	51	1	3
Regular	618	18	74	1	7
Irregular	497	9	63	6	22
No response	9	22	67	0	11
Total Respondents	1664	24	63	3	10

2. Attitude and Credibility

When asked how they would rate the attitude of the PBHW towards his work, 36 percent replied "very good" and 53 percent said "fair" (see Table 11.10). Only two percent described his attitude as "poor". Again there is a slight difference in the responses of Pradhan Pancha and Upa-Pradhan Panchas compared with respondents having no political position in the panchayat. Eighty-eight percent of those holding no political position rated the attitude of PBHWs as "good" or "fair" whereas 97 percent of panchas rated them thus. Ninety-nine percent of those who had been visited very regularly rated the attitude of the PBHW as either "good" or "fair" while this figure was 74 percent for those who had been visited irregularly.

Respondents were then asked "How would you rate the credibility of the PBHW among the villagers?" (see Table 11.11). More than four fifths replied either "very good" or "fair". This figure is slightly higher for panchas than others in the community. Similarly, the proportion of respondents who had been regularly visited by the worker and who rated his credibility highly is greater than respondents who had been visited irregularly.

Table 11.10 : Community Rating of PBHW Attitude Towards His/Her Job

<u>Background Variables</u>	<u>Total No. of Respondents</u>	<u>Good</u> %	<u>Fair</u> %	<u>Poor</u> %	<u>Don't know</u> %
<u>Sex</u>					
Male	960	38	54	2	6
Female	704	33	53	2	13
<u>Age</u>					
15-24 yrs	261	36	54	1	9
25-34 yrs	641	35	53	3	10
35-44 yrs	499	34	56	2	9
45 and above	263	41	51	2	6
<u>Political Position</u>					
No position	1378	34	54	2	10
Pradhan Pancha/ Upa-Pradhan Pancha	108	55	42	3	1
Ward Representative	158	37	54	4	4
Others	14	50	50	0	0
Teacher	6	50	50	0	0
<u>Education Level</u>					
No education	781	34	52	2	13
Grade 1-5	582	37	55	2	6
Grade 6-10	216	36	59	1	4
SIC and above	85	48	42	7	2
<u>Regularity of Visits</u>					
Very regular	540	64	35	0	1
Regular	618	28	66	0	6
Irregular	497	15	59	6	20
No response	9	33	33	22	11
<u>Total Respondents</u>	<u>1664</u>	<u>36</u>	<u>53</u>	<u>2</u>	<u>9</u>

Table 11.11 : Credibility of EBHW Among the Community

Background Variables	Total No. of Respondents	Good	Fair	Not good	Don't know
		%	%	%	%
<u>Sex</u>					
Male	960	31	55	2	12
Female	704	27	48	2	23
<u>Age</u>					
15-24 yrs	261	33	49	2	16
25-34 yrs	641	26	53	2	19
35-44 yrs	499	29	53	2	16
45 and above	263	34	51	2	13
<u>Political Position</u>					
No position	1378	28	51	1	19
Pradhan Pancha/ Upa-Pradhan Pancha	108	39	51	6	4
Ward Representative	158	30	58	6	7
Others	14	29	71	0	0
Teacher	6	33	67	0	0
<u>Education Level</u>					
No education	781	37	48	2	23
Grade 1-5	582	31	54	2	13
Grade 6-10	216	31	61	1	10
SLC and above	85	38	52	4	7
<u>Regularity of Visits</u>					
Very regular	540	52	40	1	7
Regular	618	21	65	0	13
Irregular	497	14	49	6	31
No response	9	22	33	0	44
Total Respondents	1664	29	52	2	17

3. Usefulness of the Medicines and Contraceptives Provided by PBHWs

The majority of respondents who had received medicines or contraceptives from the worker said they had been either "very useful" or "useful" to them (Table 11.12). However, twenty-two percent of respondents who had received contraceptive pills expressed the view that they had not been useful. This raises the question of whether PBHWs are "pushing" contraceptive pills upon women who are not willing to take them. And also, should it be assumed that roughly one fifth of the pills distributed are wasted?

Table 11.12 : Community Perceptions of Usefulness of Drugs and Contraceptives Provided by PBHW

Items Provided by PBHws	Total No. of persons receiving drugs	Very useful	Useful	Not useful	No response
		%	%	%	%
Condoms	360	48	46	6	1
Pills	576	31	46	22	2
RD Sol	80	65	33	3	-
Iron Tablets/ Vitamin A-D	119	63	34	3	-
APC	148	57	39	3	1
Multivitamins	221	58	39	2	1
Pipracite	81	48	44	6	-
Sulphaguanidine	84	49	48	4	-
Others (DPT, Tetracycline etc)	58	47	43	10	1

The responses of those who had received pills on how useful they considered them have been analysed by development region and are presented in Chapter VI, Table 6.11.

4. Usefulness of Advice and Information Provided by PBHWs

Regarding advice and information given by PBHWs, 85 percent felt it to be either "very useful" or "useful". Only 14 percent found it "not useful". Slightly more male than female respondents found discussions with the PBHW very useful. Twice as many Pradhan Panchas and Upa-Pradhan Panchas categorised discussions as "very useful" than respondents holding no political office. Similarly, a larger proportion of respondents with SLC or higher education said they found the discussions "very useful" than those with no education (see Table 11.13).

Respondents were then asked to specify which kinds of advice and information they found was most useful. Advice on the use of pills and condoms was reported to be useful by the largest number of respondents, followed by advice on family planning in general, information on sterilisation procedures and about the advantages of having fewer children. None of the other kinds of advice were considered useful by more than six percent of respondents (see Table 11.14).

One of the aims of the survey was to find out to what extent problems with supplies were preventing PBHWs carrying out their job. So villagers were asked "Does he (the PBHW) usually have all the necessary medicines and contraceptives with him when he visits you?" As shown in Table 11.15 approximately two thirds of respondents thought that the worker usually did have adequate supplies. Ten percent said that he did not always carry the necessary supplies and about one quarter said they did not know. There appears to be a significant regional variation on this question. Ninety-one percent of respondents in the Far Western Region said the PBHW supplies were adequate compared with only 50 percent in the Far Eastern region.

Table 11.13 : Community Perception of Usefulness of Information and Advice Given by PBHW

<u>Background Variables</u>	<u>Total No. of Respondents</u>	<u>Very useful</u> %	<u>Useful</u> %	<u>Not useful</u> %	<u>No response</u> %
<u>Sex</u>					
Male	960	26	61	12	1
Female	704	17	63	18	1
<u>Age</u>					
15-24 yrs	261	19	64	16	1
25-34 yrs	641	22	62	15	1
35-44 yrs	499	25	60	14	1
45 and above	263	23	63	12	2
<u>Number of Living Children</u>					
None	90	12	66	20	2
1	189	23	63	13	1
2	252	21	63	14	2
3	294	19	63	17	1
4	288	26	63	10	1
5	234	28	55	16	1
6	170	22	64	12	2
7	84	25	61	14	0
8 or more	63	27	57	16	0
<u>Political Position</u>					
No position	1378	21	62	16	1
Pradhan Pancha/ Upa-Pradhan Pancha	108	43	49	7	1
Ward Representative	158	27	65	8	1
Others	14	21	79	0	0
Teacher	6	17	83	0	0
<u>Education Level</u>					
No education	781	18	61	19	2
Grade 1-5	582	24	65	11	1
Grade 6-10	216	30	59	10	1
SLC and above	85	39	52	8	1
<u>Total Respondents</u>	<u>1664</u>	<u>23</u>	<u>62</u>	<u>14</u>	<u>1</u>

Table 11.14 : Kinds of Advice Considered Useful

Advice Considered Useful (1)	<u>Male</u> N=115	<u>Female</u> N=108	<u>All</u> N=112
1. To use either pills or condoms	25	31	28
2. About family planning	23	17	21
3. About laprascopy or vasectomy	21	12	18
4. Advantages of having fewer children	12	12	12
5. About medicines	6	6	6
6. Family planning and increased standard of living	5	4	5
7. About sanitation	5	4	5
8. About general health	5	5	5
9. Spacing of children	4	4	4
10. About maternal and child health care	4	4	4
11. How to use pills and its possible effects	1	4	2
12. Nutrition	1	1	1
13. Others	2	0	1

Note: Percentage exceeds 100 as some respondents gave more than one response.

(1) Only those respondents who considered the advice of the PBHW very useful and useful are included.

Table 11.15 : Community Views as to Whether PBHs Usually Carry Necessary Supplies When Visiting Households

Development Regions	Total No. of Respondents	Yes	No	Don't know	No response
		%	%	%	%
Far Eastern	379	50	23	26	1
Eastern	313	72	11	17	0
Central	664	66	1	31	2
Western	202	52	17	31	0
Far Western	106	91	1	7	1
All Regions	1664	63	10	26	1

XII. JOB SATISFACTION AND MORALE

Since their work involves travelling around from house to house, constant supervision of PBHws is impossible. They work for the most part as individuals rather than as part of a team. It is essential, therefore, that they should be strongly motivated and committed to their job. Their attitude towards work is likely to be governed largely by the remuneration they receive, the timelines of payment of salaries and allowances, the adequacy of the supplies they receive as well as the amount of support they receive from the community. This chapter deals with PBHW remuneration, the question of whether they feel they could do their job better in another panchayat and an assessment of their overall attitude towards work made by their supervisors.

Another indicator of job satisfaction and moral among PBHws and ISs is the rate at which workers leave the service, or the drop-out rate. The numbers of workers leaving the programme and their reasons for doing so are also discussed in this chapter.

Informal discussions between the interviewers and FPOs, ISs, PBHws and villagers revealed the existence of several problems which are making the work of programme personnel difficult. These are discussed at the end of the chapter.

A. Timely Payment and Adequacy of Salaries

When asked if they usually received their salaries on time, almost two thirds of PBHws replied that they did. The proportions complaining that salaries were usually late in arriving were higher in the Western and Far Western regions than elsewhere. Forty-five percent of PBHws from the Western and 47 percent from the Far Western regions reported that

they did not normally receive their salary on time (see Table 12.1). It should be pointed out, however, that, compared to other parts of the country, these regions are relatively remote and communication with the FP/MCH Central Office is often difficult.

Table 12.1 : Timely Receipt of Salaries Among PBHWs, by Development Region

Development Region	Total No. of Respondents	PBHws who cited they usually receive their salaries on time	
			%
Far Eastern	41		61
Eastern	38		84
Central	70		64
Western	29		55
Far Western	17		53
All Regions	195		65

Those who reported that they did not generally receive payment on time were then asked to say how long it was usually delayed. About half of these respondents said it was usually delayed by less than one month, 36 percent reported a delay of one to three months and 16 percent said it often took more than three months to arrive (see Table 12.2).

Table 12.2 : The Length of Time by Which PBHW Salaries are Usually Delayed

Total Number of Respondents	Respondents Who Cited the Following				
	1-15 days	16-30 days	1-3 months	More than 3 months	No response
	%	%	%	%	%
67	24	22	36	16	1

All PBHWs were then asked to say whether they considered their salary adequate. They are currently paid between 350 and 400 rupees per month, including a clothing allowance. This is comparable to salaries paid to HMG employed PBHWs and other government health workers. Fifty-five percent felt that it was adequate although a sizable minority (43 percent) thought it was inadequate (see Table 12.3).

Table 12.3 : The Extent to Which PBHWs Consider their Remuneration Sufficient

Background Variables	Total No. of Respondents	Adequate %	Inadequate %	Don't know %	No response %
<u>Education Level</u>					
Grade 1-5	8	63	38	-	-
Grade 6-10	162	59	40	1	1
SLC and above	25	32	68	-	-
<u>Length of Service</u>					
Less than 1 yr.	22	41	55	-	5
Completed 1 yr.	104	60	39	1	-
Completed 2 yrs	66	55	44	2	-
Completed 3 yrs and above	3	33	67	-	-
Total Respondents	195	55	43	1	1

B. Would PBHWs Find it Easier to Work in Another Panchayat?

It is the policy of the FP/MCH programme to recruit PBHWs from the panchayat in which they are to work. But, given the Nepalese socio-cultural context, the research team suspected that some workers may be finding it difficult to discuss family planning in the community where their kinsmen and friends live, together with people they have known and respected since birth. To test this hypothesis, a question was put to all local PBHWs^{1/}

^{1/} That is, PBHWs who live and work in the same panchayat.

to find out if they thought they would have been able to do their work better in another panchayat (see Table 12.4). One fifth considered that they would be more productive if they could be transferred to another panchayat. The reasons they gave included the following:

--"It is difficult to motivate people who are my relatives"

--"The people of my village do not listen to me"

--"At home I have to look after my land and animals and sometimes my friends come to chat. This takes up a lot of my time".

Table 12.4 : PBHWs Who Feel They could do Their Job Better in Another Panchayat

Total Number of Local PBHWs	Yes %	No %
172	18	82

C. Rating of PBHW's Attitude Towards Work by Their Supervisors

Supervisors were asked to assess their PBHWs in terms of their attitude to the job. Twenty-four percent said their attitude was "very good", 68 percent said "good" and only six percent said "not good" (see Table 12.5).

Table 12.5 : The Attitude of PBHws Towards their Work, as Evaluated by IS

Development Region	Total PBHws evaluated	Very good %	Good %	Not good %	No reply %
Far Eastern	33	18	70	9	3
Eastern	34	26	74	-	-
Central	63	29	67	2	3
Western	22	5	77	18	-
Far Western	17*	41	47	12	-
All Regions	169	24	68	6	2

* Denotes less than 20 respondents.

D. Drop Outs

In the course of the survey all FPOs were asked the numbers of PBHws and ISs employed in their districts for the years 1979-80 and 1980-81 and to say how many of each type of worker left service in each year. This information is presented below in Table 12.6.

Table 12.6 : Percentage of Drop-Outs

	1979-80	1980-81
PBHws	5.92	9.44
ISs	8.75	13.08

From this table it can be seen that the percentages of ISs dropping out in both years is slightly higher than for PBHws and that the percentages of drop outs for both types of worker has increased between 1979-80 and 1980-81.

1. Reasons Why PBHMs and ISs Leave Service

FPOs were then asked why workers had left the programme. In many cases they were unable to say why but among those reasons they could give, the following were the most common. Reasons are listed in approximate order of frequency.

a. PBHMs:

i) Dismissed

- a) Unsatisfactory work performance
- b) Living too far away from place of work
- c) 'Political reasons'
- d) Contract not renewed, no reason specified

ii) Resigned

- a) To get a 'better' job, including government service, and particularly, to become HMG contract health worker
- b) To pursue further studies
- c) To join military service
- d) Low pay
- e) Illness
- f) Lack of feed
- g) Conflict (either with villagers or authorities)
- h) Pressure of personal work
- i) Other personal reasons

b. ISs:

i) Dismissed

- Poor work performance
- Number of posts reduced by authorities

ii) Resigned

To get a 'better' job, particularly in government service

E. Some Problems

1. Difficulties in Motivating People to Accept Family Planning

PBHWS in some districts explained that the job of motivating people to accept family planning was proving very difficult since many people still desire to have large families. Old stocks of condoms appear to be a problem too. Some PBHWS were hearing complaints from villagers that condoms were bursting. Workers also had to contend with fears about the side-effects of the pill, especially intermittent bleeding, and fears about the non-effectiveness of vasectomy operations. The fear of weakness caused by the operation and the belief that vasectomised men were unfit to worship God were also discouraging men from accepting the idea of sterilisation.

The social system in many parts of Nepal discourages men from talking to women and women from talking to men about sensitive matters, such as contraception, when they are strangers. In some districts young women are working as PBHWS and according to one FPO, they were reluctant to motivate men to use condoms and were also afraid to travel around villagers alone.

One FPO said "PBHWS usually only speak to men" and data compiled from the community questionnaire shows that more men reported being visited by the PBHW than women. Since one of the major thrusts of the family planning programme

is to persuade women to become pill acceptors and the vast majority of PBHWs are men, the sex difference between worker and client may be causing problems. It suggests that in a number of cases PBHWs may have to explain the use of the pill to the husbands of women who take it and so pill takers may be receiving this important information at second hand.

The field teams repeatedly heard PBHWs explain that if they could provide more basic medicines, the job of motivating people to accept family planning would be made easier and this view was corroborated by a large number of villagers.

2. Administrative Problems

Complaints were received from several ISs and PBHWs in one district about the partiality of the FPO which made him unpopular. And in another district, PBHWs said they felt badly treated by staff at the District Office. They said they were forced to wait at the Office for three or four days before they were able to collect their salaries and supplies. The late payment of salaries appears to be not uncommon. One PBHW complained that she had not received her salary for more than fifteen months.

Many PBHWs complained about the late arrival of their supplies and said that even when they do receive them, quantities are not sufficient, particularly of medicines.

3. Job Security

The PBHWs examined in this survey are employed on one year contracts whereas HMG health workers are employed on a permanent basis and eligible for pensions. The insecurity of the job was a common complaint heard by the field teams.

One PBHW said "Why work so hard when you will be thrown out?". It was observed by one FPO that PBHWs in their late twenties tend to be better motivated and committed to their work. Younger ones are often anxious to move on to a better job or higher education.

The lack of incentive appears to be a problem for Intermediate Supervisors. Good performance as a supervisor cannot be rewarded by promotion since higher qualifications and different training is required for the job of Family Planning Officer. As one IS put it, "Once an IS, always an IS! "

XIII. PBHW PROGRAMME COSTS

The research team encountered a number of problems in its attempt to analyse the costs of the PBHW programme. This was partly due to difficulties in obtaining the relevant data and partly due to problems in interpreting the data that was available.

A. Overall Programme Budget

The FP/MCH Project draws up a Work Plan at the beginning of each year which states the amounts required for the PBHW programme for the following year. And at the end of each year they draw up a Statement of Expenditure^{1/} In the Work Plan for the PBHW Project for the year 2037/38 the budget is categorised programmewise. Amounts are allocated, for example, for "Continuation of Existing PBHW Services", "Additional Expansion of PBHW Services", "PBHW and IS Training" and so on. In the Statement of Expenditure, however, amounts are categorised by HMG budget codes including, for example, overall figures for salaries, rent, vehicles, office equipment etc. The categories of the Work Plan and Statement of Expenditure, therefore, do not correspond. This makes it difficult to identify in which categories the budget allocation is sufficient to meet expenditure and in which categories it is insufficient.

The total amount required, as stated in the Work Plan and the total Annual Budget as stated in the Statement of Expenditure are exactly the same. An examination of the Statement of Expenditure for the year 2037/38, (last year) reveals that the Annual Budget exceeds actual expenditure.

Annual Budget	...	9,584,000.00
Cumulative Expenditure	...	6,665,411.97
Balance	...	2,918,589.03

^{1/} The FP/MCH Project also submit a quarterly statement of expenditure to the USAID.

New ERA's study has suggested two possible explanations for the difference between the amount allocated (Annual Budget) and the amount spent (Cumulative Expenditure) for the year 2037/38. In the first place, the numbers of PBHws and ISs actually trained fell far short of the target figures (see Table 13.1). This, of course, cannot be taken as an explanation of the balance existing the year before, since in that year targets were almost met.

Table 13.1 : Training Targets and Numbers Actually Trained

	Targets (As stated in Work Plan)		Numbers Actually Trained	
	PBHws	ISs	PBHws	ISs
2036/37	547.	137	511	133
2037/38	600	100	281	42

And secondly, the study revealed that about half of the PBHws sampled had not received all the supplies and equipment necessary for their work (see Chapter IX).

Tables 13.2 and 13.3 shows the Statements of Expenditure for the years 2036/37 and 2037/38. The balances shown thereon are the result of subtracting total expenditure from the amounts allocated in the Annual Budget. The percentages in the column on the far right show the balance as a percentage of the amount allocated in the Annual Budget for each line item.

The line item "Office Equipment" is underspent by 49 percent in 2037/38 and by 73 percent the year before. It is understood that this category includes training equipment, teaching aids and so on, of which there is a serious shortage in the permanent training centres. The category "Books and Magazines" was underspent by 95 percent in 2036/37 and last year, although

Rs. 42,000 was allocated in the Annual Budget, nothing was spent on this item at all. From its investigations into PBHW training, New ERA researchers learnt that there was an urgent need for the development and provision of a manual for use by PBHWs during and after training (see Chapter X). Presumably, this surplus in the line-item "Books and Magazines" could be used to develop and print such a manual and other training materials.

The category "Services", it was learnt includes items such as RD Sol and other medicines which were found to be in short supply in some districts. The category "Others Materials" makes provision for items such as storage boxes, jholas and umbrellas which all PBHWs are supposed to receive but which the survey found many PBHWs had not received.

It would appear, therefore, that more money could be spent in some of the problems areas identified by this study without exceeding the existing annual budget.

It also becomes apparent from a comparison of Tables 13.2 and 13.3 that the percentages by which the Annual Budget is underspent have increased in all but two categories. This again, may be explained by a shortfall in the numbers of PBHWs trained compared to the target for the last year.

Table 13.2 : Statement of Expenditure Incurred for the Entire PBHW Programme in the Fiscal Year 2036/37

Categories of Expenditures	Annual Budget	Amount Released	Total Expenditures	Balance	Balance Expressed as %age of Annual Budget
1 ^{1/} Salary	2,651,572.00	2,160,572.00	2,078,673.30	572,898.70	21.6
2. Allowance	824,188.00	604,188.00	545,195.70	278,992.30	33.85
3. T.A/D.A.	1,262,320.00	909,320.00	851,772.06	410,547.94	32.52
4. Services	288,720.00	508,720.00	241,055.51	47,664.49	16.50
5. Rent	46,000.00	105,371.00	14,500.00	31,500.00	63.47
6. Repair and Maintenance	-	80,000.00	18,849.00	(- 18,849.00)	-
7.1 Office Equipment	229,950.00	88,950.00	117,056.50	112,893.50	49.09
7.2 Books and Magazines	42,000.00	15,000.00	2,000.00	40,000.00	95.23
7.3.1 Fuel: Vehicles	70,000.00	60,000.00	21,353.00	48,647.00	69.49
7.3.2 Fuel/Others	-	10,000.00	25,089.00	(- 25,089.00)	-
7.5 Other Materials	523,850.00	646,099.77	250,145.00	273,705.00	52.24
9. Contingencies	29,000.00	-	4,647.50	24,352.50	83.97
10.1 Furniture	-	120,379.23	119,000.00	(-119,000.00)	-
10.2 Vehicle	100,000.00	-	2,000.00	98,000.00	98.00
Total:	6,067,600.00	5,308,600.00	4,291,336.57	1,776,263.43	29.27

1/ Numbers indicate HMG Budget Codes.

Table 13.3 : Statement of Expenditure Incurred for the Entire PBHW Programme in the Fiscal Year 2037/38

Categories of Expenditure	Annual Budget	Amount Released	Total Expenditure	Balance	Expressed as %age of Annual Budget
1. Salary	4,900,000.00	5,212,455.30	3,812,949.03	1,087,050.97	22.18
2. Allowance	1,400,000.00	1,079,442.77	1,986,327.99	(-586,327.99)	-
3. TA/DA	1,673,000.00	872,326.88	409,932.69	1,263,067.31	75.49
4. Services	398,000.00	246,163.13	194,573.48	203,426.52	51.11
5. Rent	46,000.00	29,000.00	16,000.00	30,000.00	65.21
6. Repair and Maintenance	-	-	399.00	(- 399.00)	-
7.1 Office Equipment	334,000.00	151,912.00	88,988.23	245,011.77	73.35
7.2 Books and Magazines	42,000.00	18,537.00	-	42,000.00	100.00
7.3.1 Fuel: Vehicles	60,000.00	40,000.00	21,046.60	38,963.40	64.93
7.3.2 Fuel/Others	10,000.00	10,000.00	9,478.95	521.05	5.21
7.5 Other Materials	472,000.00	378,500.00	83,105.00	388,895.00	82.39
9. Contingencies	29,000.00	25,000.00	20,900.00	8,100.00	27.93
8. Financial Aid	-	-	400.00	(- 400.00)	
10.1 Furniture	170,000.00	80,000.00	21,320.00	148,680.00	87.45
10.2 Vehicle	50,000.00	60,000.00	-	50,000.00	100.00
Total:	9,584,000.00	8,193,237.08	6,665,411.97	2,918,589.03	30.45

B. Training Costs

The FP/MCH Project maintains three permanent training centres located at Dharan (Far Eastern Development Region), Pathaliya (Eastern Development Region) and Surkhet (Western Development Region). These centres conduct all the training courses required by the several programmes run by the Project, including those for the PBHW programme. The Central Office sends funds separately to meet the training requirements of the PBHW programme and expenses incurred for this training are submitted annually by each training centre. Mobile training courses for PBHWs are organised by the nearest (and most convenient) permanent training centre.

Table 13.4 presents details of the funds sent to the three training centres in the past two fiscal years and the expenses incurred at each. It can be seen in Table 13.1 that in 2036/37, 511 PBHWs and 133 ISs were trained and in the following year 281 PBHWs and 42 ISs were trained. Apart from the fact that ISs are paid a Daily Allowance of Rs. 12 and PBHWs only Rs. 10 during training and supervisors receive a few extra classes, there is no major difference between the cost of training a PBHW and an IS.

For the year 2036/37, when the total expenditure of Rs. 166,829.84 is divided by 644 (sum of the number of PBHWs and ISs) a figure of Rs. 259.05 is obtained as the total cost of training one PBHW (or IS). Similar computations for the year 2037/38 results in Rs. 1,174.96 as the total cost for training a PBHW (or IS). It would appear, however, that the figure for 2036/37 is erroneous, since the daily allowance alone for one PBHW for 42 days (the duration of training) amounts to Rs. 420.

Table 13.4 : Amounts (Rs.) Sent to the Permanent Training Centres in the Past Two Fiscal Years and the Total Expenses Incurred Each Year

Training Centre	Fiscal Year 2037/2038		
	Amount Allocated	Total Expenditures	Balance
Dharan	156,016.44	119,517.85	36,498.59
Pathalैया	233,100.00	186,808.73	46,291.27
Surkhet	349,917.78	73,185.51	276,732.27
Total:	739,034.22	379,512.09	359,522.13
Fiscal Year 2036/2037			
Dharan	100,630.00	77,213.56	23,416.44
Pathalैया	65,940.00	68,864.06	(-2,924.06)
Surkhet	49,820.00	20,752.22	29,067.78
Total:	216,390.00	166,829.84	49,560.16

Table 13.5 : The Number of PBHWs and ISs Trained in 2037/38 by Each Training Centre

Training Centre	Number of PBHWs Trained	Number of ISs Trained	No. of Training Courses Conducted
Dharan	87	18	3
Pathalैया	98	15	3
Surkhet	96	19	4
Total:	281	42	10

Table 13.5 presents the number of PBHWs and ISs trained by each training centre and the number of training courses they organised. When the total expenditure of each training centre (see Table 13.4) is divided by the number PBHWs and IS trained by each centre, the cost of training one PBHW (or IS) vary substantially by training centre; Rs. 625.51 for Surkhet

Training Centre; Rs. 1,258.08 for Dharan Training Centre and as. 1,682.96 for Pathalaiya Training Centre. New ERA feels that this is another aspect of the programme that needs further investigation.

XIV. SUMMARY AND RECOMMENDATIONS

A. Summary

Between May and September, 1981 New ERA carried out a study on behalf on USAID/Nepal to evaluate panchayat based health workers (PBHws). These workers are responsible for delivering family planning and maternal and child health care to the people of Nepal on a house to house basis. The study focussed on two main aspects of the programme--the operational support system and the performance of PBHws.

A randomly selected sample of 195 PBHws were interviewed in a five week long survey conducted throughout 43 districts of Nepal. The majority of sampled PBHws were male, aged between 15 and 34, married and had between six and ten years of schooling. Most of them had been working as PBHws for less than three years. The Intermediate Supervisor (IS) of each PBHW was interviewed, together with the local Family Planning Officer. Ten to 20 villagers were also interviewed in each panchayat visited in order to find out the views of the community on the work of PBHws.

Interviews with District Family Planning Officers revealed several problems in the selection and recruitment of PBHws. Less than half of the FPOs interviewed were able to describe the official procedure for the allocation of panchayats to receive PBHws. The official criteria for recruiting PBHws are that they should be local residents of the panchayat to which they are assigned, literate (preferably, Grade 6 to 8) and preferably female, but again, less than half of FPOs interviewed were able to state all three criteria correctly.

In the last year the number of PBHws who have been trained has fallen short of the target set by the FP/MCH Project,

partly due to difficulties in recruiting sufficient numbers. In the course of informal discussions, some FPOs explained that it was difficult to find people willing to be employed as PBHWs with the necessary qualifications. In many districts there exists a District Family Planning Co-ordination Committee (DEPCC) responsible for recruitment and in some districts a sub-committee, specifically for recruitment, has been formed. Theoretically, Pradhan Panchas or other local leaders should be represented on the recruitment committee but the survey found that only 51 percent of Pradhan Panchas interviewed had been consulted in the recruitment of PBHWs.

Although all FPOs and the majority of PBHWs maintained that the Pradhan Pancha should be regularly informed about the programme's activities, opinion was divided on the desirability of involving him in recruitment. Some FPOs complained that pressure from local leaders made it difficult to select hard-working and reliable workers while others pointed out that the Pradhan Pancha was more likely to give support to workers he had recommended for appointment.

PBHWs are trained for seven weeks either in the permanent training centres or at mobile centres which are held at various places in the country. Training is conducted by a well-qualified team of instructors. Guest speakers, including nurses, midwives and FPOs are occasionally invited to lecture. Training involves both lectures on family planning and basic maternal and child health care and practical field experience. During the course, trainees make two or three field visits, where they are encouraged to meet and speak with confidence to villagers and local leaders.

The study found that teaching content is, to a large degree, left to the discretion of the instructors themselves. The job description lacks specific guidelines as to the range of

duties PBHWs are expected to perform and the level of knowledge of family planning and health care that workers are required to have.

As a result, the relationship between the training curriculum and job description is vague. Teaching aids are not utilised. The teaching of PBHWs currently relies on an operational manual which was prepared some years ago for use by clinic based health aides and is not entirely suitable for PBHWs. As some PBHWs are barely literate it is difficult for them to depend upon their notes taken during training. This suggests that there is a need for a new operational manual, designed specifically for use by PBHWs, both during training and afterwards.

The survey found that four fifths of PBHWs would like some form of refresher or in-service training. Not surprisingly, this view was most prevalent among those who had fewest years of schooling and had completed more than one year of service.

In order to assess the quality of PBHW job performance, all PBHWs were first tested on their knowledge of the PBHW job description. An overwhelming majority were able to cite almost all aspects of their work. They were then tested on selected aspects of their work and serious gaps in their knowledge became apparent. They were asked to explain what instructions they give to new pill acceptors and how to make sarbottam pitho and rehydration solution. Only about half of the respondents reported telling new pill acceptors to take one pill each day. Less than one third said they gave their clients instructions about what to do, should they forget to take the pill. Not all PBHWs were aware of all the possible side effects of the pill although, encouragingly, a large majority of them reported that they make follow up visits to new acceptors within five to ten days of beginning

the first cycle. In spite of the fact that the majority of respondents said they know about sarbottam pitho and rehydration solution, less than half were able to explain how to make the former and just under two thirds knew how to make rehydration solution.

Although their job description states that PBHWs should visit between 15 and 20 households per day, the majority appear to be making fewer visits. Forty-four percent of them said they visit less than 100 households per month and another 37 percent said they visit between 100 and 200. So the majority of PBHWs are visiting between five and ten households each day. Most said they spend an average of between 15 minutes and one hour on each visit. Longer visits tend to be made by those PBHWs who have served for more years, by the less educated and older PBHWs and more time is spent on visits to houses farthest away from the PBHWs house.

According to information obtained from questionnaires administered to community respondents, the mean number of visits from the PBHW in the last three months reported by male respondents was slightly higher at 3.3 visits than by female respondents (2.6 visits). This indicates that PBHWs are visiting families approximately once a month, as they are supposed to do, but other data from the survey suggested that their household coverage is by no means as wide as it should be. PBHWs are expected to visit all couples of reproductive age living in the panchayat each month but only 31 percent said this was feasible. Almost half of those who said it was impossible estimated that it takes them 60 days or more to achieve this coverage.

The majority of community respondents who had been visited by the PBHW said his visits were usually "very regular" or "regular" and the majority of them found his advice and the medicines and contraceptives he gave them useful. However, a total of 22 percent of respondents who had received contraceptive pills from

the PBHW said they were not useful. This suggests that in some cases, PBHWs may be giving pills to women who do not wish to take them.

In order to assess performance in quantitative terms, the monthly reports of the sampled PBHWs were examined for the six months preceding the survey. It was found that PBHWs in the Far Eastern and Eastern Regions distributed the largest numbers of pill cycles per month. PBHWs in the Central Region had recruited the largest number of new pill acceptors (3.5 per month) and this figure was lowest in the Far Western Region. The Western Region had the second highest rate of recruitment of pill acceptors per month (3.12).

In order to attain the official goal of 5 continuing acceptors per month^{1/} PBHWs need to recruit 15 new acceptors per month, assuming a 66 percent discontinuation rate^{2/}. The survey has found, therefore, that PBHWs are currently falling short of this target.

The ratio of the number of pill cycles distributed to the number of new pill acceptors per month is 9.1 and 12.7 in the Far Eastern and Eastern Regions, respectively, whereas the ratios are only 5.5, 4.4 and 3.4 in the Central, Western and Far Western Regions, respectively. The ratio of the number of follow up visits made to the number of new pill acceptors per month is also much higher in the Far Eastern and Eastern Regions. Both ratios suggest that pill continuation rates may be slightly higher in the Far Eastern and Eastern Regions. But the fact that 40 percent of community respondents who had received pills in the Eastern Region said they were not useful, suggests that pill continuation rates in this region are probably not so high as they at first appear. Furthermore, a regional

1/ Fifth Five Year Plan, HMG, Nepal FP/MCH Project.

2/ "An Analysis of the Pill Contraceptive Programme in the Nuwakot Pilot Project". June, 1973 in Research and Evaluation in Family Planning, Collected Reports 1970-77, Vol. II.

comparison of the ratio of the number of motivation visits to the number of new pill acceptors suggests that to recruit one new acceptor in the Eastern Region, it takes 69 motivation visits, while only 26 motivation visits are required in the Western Region.

Overall, the mean performance of anaemia and rehydration services was quite poor, especially in the Eastern and Far Western Regions, although this is partly explained by shortages in the supply of Iron Tablets and RD Sol.

Informal discussions with PBHWS and villagers revealed the existence of fears about the effects of the vasectomy operation which were making it difficult for PBHWS to recruit acceptors. And the survey found that of the 45 percent of sampled PBHWS who had attempted to organise a vasectomy camp, only just over half had been successful. The main difficulty was the shortage of doctors but other logistical problems are also involved.

On the whole, the chain of command and supervision system between PBHW, IS, FPO and the FP/MCH Central Office appeared to be working well. Most FPOs and ISs said they were not experiencing any difficulties in this area. The majority of ISs are supervising between four and six workers and 79 percent of PBHWS said they had discussions with their supervisors at least once in the month preceding the survey. Half the respondents had met the FPO in the past month, usually at the District Office, and 91 percent had discussions with the Pradhan Pancha at least once. Informal discussions with PBHWS suggested, that in spite of appearances, in a number of cases, supervisors do not visit PBHWS regularly or often enough. In a couple of districts a system had been introduced to help solve this problem (see Recommendations).

Record-keeping appeared to be a problem in many cases. The survey found that only 28 percent of the sample had an up to

date and complete Ward Register and only 35 percent had properly maintained diaries. A number of PBHWs said they were experiencing difficulties in completing reports (15 percent) and pill acceptor cards. These problems appear to be caused partly by shortage of the necessary forms and sheets and partly because they are unsure of how to complete their records. The majority of FPOs and ISSs felt the reporting system was working well although some FPOs said they would like to receive more feedback from the FP/MCH Central Office.

One of the areas where PBHWs are experiencing most difficulties is that of supplies. There appeared to be a shortage of many items and one quarter of respondents said they had faced difficulties due to the lack of pills and condoms. New ERA field teams conducted an inventory of the supplies PBHWs had in stock at the time of the survey and found that although 50 percent said they usually receive a box, only 38 percent actually had a box in which to keep their supplies. Consequently, in some cases, supplies were in a poor condition. About half had no Ward Register, pill cards or daily reporting sheets, less than ten percent had ever received an umbrella or a bag. Six percent had no contraceptive pills and 22 percent had no condoms in stock. More than four fifths had no HD Sol and nearly 90 percent had no Iron Tablets. Only about half had APC Tablets, Piprazine and Vitamin A-D. Many PBHWs said that larger quantities and different types of medicines should help them to do their job better and this was corroborated by a large number of community respondents.

Although supervisors are responsible for delivering supplies to the PBHW, the majority of workers said they usually collect supplies themselves from the district office, except in the Eastern Region where 71 percent receive supplies from their IS. The majority of PBHWs said they arrange to replenish their supplies one to ten days before they run out. PBHWs in hilly regions receive supplies more quickly than in the Terai. This

seems to be because the majority of them in the hilly regions collect supplies personally from the district office, rather than rely on the IS to deliver them.

The Service Division of the FP/MCH Project has many functions and is responsible for all programmes organised by the Project. Only one officer is responsible for monitoring the PBHW programme. In view of the size of the PBHW programme and the scale of its activities, there would appear to be a need for a small cell, within the Project Headquarters, to coordinate all aspects of the PBHW programme.

Overall, the survey found an operational infrastructure that was strong in most respects and that the majority of PBHWS were working well. Several problems have been isolated, however, particularly in the system of supervision, in supplies and the recruitment of PBHWS, which are preventing the programme from achieving its full potential for effectiveness.

B. Recommendations

1. It is recommended that the responsibility for recruiting PBHWS should be transferred to the panchayat. PBHW vacancies should be widely publicised in the panchayat and new workers elected by a majority of panchayat members.
2. It is recommended that a new operational manual for PBHWS should be developed, preferably through the use of field trials.
3. It is recommended that more emphasis should be given in training programmes on what instructions to give new pill acceptors, including information on possible side effects. The preparation of sarbottam pitho and rehydration solution should be demonstrated to trainees.

4. It is recommended that some form of refresher training should be given to PBHWs and ISs, either annually or once every two years. This report has revealed some of the areas where PBHW knowledge is weak. Refresher training should deal with subjects in these areas.
5. The training of ISs should include instructions on record-keeping, so that, where necessary, they can advise PBHWs on how to improve the quality of their records and reports.
6. It is recommended that Pradhan Panchas and other local leaders should receive a short course of orientation on the broad aims of the FP/MCH Project and the PBHW programme, in particular.
7. It is recommended that, since in many cases, it appears to be impossible for PBHWs to visit all eligible couples in the panchayat each month, they should be instructed to visit all pill acceptors every month and other families at least once in every two months.
8. It is recommended that to ensure that PBHWs visit all wards of the panchayat, the community should be encouraged to take part in the supervision of workers. In some districts this is already happening. The PBHW's field schedule is sent from the District Office to the Pradhan Pancha and each Ward Member or Representative is asked to notify the Pradhan Pancha as to whether or not the PBHW has actually visited their Ward.
9. It is recommended that supervisors should operate on a rotating basis, visiting a different part of the district every two or three months. In this way it is possible to correct mistakes made by colleagues and also prevent ISs from signing the PBHWs diary for several months in advance.

10. It is recommended that the District Office should arrange a meeting of all PBHWs and ISs working in the district every three months. This would provide an opportunity to discuss their progress and difficulties and to exchange ideas.
11. It is recommended that ISs should be instructed to visit the PBHWs under their supervision once a week. The fact that they are supposed to work 24 days in each month and visit an average of 5 workers once monthly suggests that their time is not being fully utilised.
12. It is recommended that all supervisors should be instructed to deliver supplies from the District Office to their PBHWs.
13. It is recommended that a new Monthly Report form should be designed, specifically for the use of PBHWs.
14. It is recommended that all PBHWs should receive at least all the basic supplies they require for their work. At present there are large regional discrepancies in the types of supplies usually received. Personnel in charge of supplies at the District Office should be familiar with the list of the types of supplies PBHWs are supposed to receive.
15. It is recommended that the range of medicines presently received by PBHWs should be increased to enable them to provide a broader range of basic health care, including the treatment of cuts and bruises, common stomach complaints and eye, nose and throat disorders.
16. It is recommended that a small cell be formed within the Service Division of FP/MCH who would be responsible for coordinating all aspects of the PBHW programme.

APPENDIX A-1

USAID/NEW ERA

PANCHAYAT-BASED HEALTH WORKERS QUESTIONNAIRE

Interviewer's
Name : _____

District : _____ Place: _____

Panchayat: _____ Date : _____

A. PERSONAL CHARACTERISTICS OF PBHW

1. Name: _____

2. Age : _____ Years

3. Sex : Male Female

4. Marital Status:

Married Unmarried Widow/Widower

4.1 Number of Children:

Total

Sons

Daughters

EDUCATION

5. What grade have you obtained? (If he has studied at home or privately put a tick mark (✓) in grade 1 - 5)

Grade 1 - 5

Grade 6 - 10

S.L.C. and above

6. Where do you currently reside?

- In this panchayat
- In adjoining panchayat
- Another panchayat in this district
- Others (specify)

7. Where did you reside prior to getting this job?

- In this panchayat
- In adjoining panchayat
- In another panchayat in this district
- Other (specify)

8. How long have you been employed as a PBHW?

_____ months

9. How far is your panchayat from the district family planning office?

_____/Kosh/Miles/Km.

9.1 How long does it take to travel there?

_____ hours

B. PHYSICAL LOCATION

10. Where is your store (Where is your box of supplies kept)?

- Own residence in the panchayat
- Own residence in another panchayat
- In Pradhan Pancha's house
- In the Panchayat Office building
- Others (specify)

C. JOB RESPONSIBILITIES (KNOWLEDGE, ATTITUDE AND PRACTICE)

11. Can you list the duties you have to perform?

Responsibilities	Put tick in this column if he/she says with out prom-ting	Put tick in this column if he/she any after prompt-ing	Do you like of work <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	Are you actually doing this work <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no
a. Distribution of Pills				
b. Distribution of Condoms				
c. Prepare Ward Register				
d. Family Planning Motivation				
e. Revisits to acceptors for follow-up				
f. Re-hydration service				
g. Aneamia service to mother				
h. Organise vasectomy camps				
i. Nutrition Education				
j. Immunisation referrals				
k. Education in spacing of children				
l. Environmental health care				
m. Referral of the sick				
n. Re-hydration Education				
o. Organise Laproscopy camps				
q. Distribution of Medicines				
r. Prepare Monthly Report				
s. Prepare daily records				
t. Others				

12. Can you tell me what directions you give to a new pill acceptor?

- a. -----
- b. -----
- c. -----

12.1 How many days after recruiting a new pill acceptor do you usually make the first follow-up visit?

_____ days after

13. What are the possible side effects of these pills?

- a. -----
- b. -----
- c. -----

14. Do you know about SARBOTTAM PITHO? (A kind of nutritious food can be made by roasting + pounding some grains and some gedagudi or dal and then mixing these things together - this is called Sarbottam Pitho).

yes no (Go to Q. 15)

14.1 Can you explain how to make this?
(Interviewer should probe for the most complete answer and should tick the correct responses)

- Two different grains should be used
- Geda gudi should be used
- Ingredients should be roasted
- Ingredients should be ground up
- Ingredients should be mixed together after roasting and grinding
- 50% of grains and 50% of geda gudi should be used
- Ingredients should be mixed with boiled water
- Respondent does not know how to prepare

15. Do you know about a method to make medicine for diarrhoea? (A kind of medicine can be made in your own home by mixing some substances in water. This is sometimes called nun, chini, pani or ausadi pani)

yes no (Go to Q. 16)

15.1 Can you explain how to make this?
(Interviewer should probe for the most complete answer and should tick (✓) for the correct responses)

- Salt is used The ingredients should be
- Sugar is used combined in the following way
- Water is used Sugar: 4 spoons (one handfull)
- Water should be boiled Salt : $\frac{1}{4}$ spoons (3 finger inches)
- The amount to be drunk should be roughly equal to the amount of water the body loses in elimination Water: 2 glasses (one Mana)
- Respondent does not know how to make it at all

16. Do you think you might be able to perform your job better if you had been posted in some panchayat other than your own panchayat?

yes no

16.1 Please give reasons

D. QUANTITATIVE MEASURES

17. Do you have a register listing all the couples in your panchayat?

yes no

17.1 Why is it not prepared?

18. How many households did you visit last month?

_____ households

19. How long do household visits usually last?

_____ minutes/hours

20. Can you visit all the households of your panchayat in a month?

yes no

20.1 How many months would it take?

_____ months

21. When you go visiting what supplies do you usually carry and in what quantities?

<u>Supplies</u>	<u>Quantity</u>
<input type="checkbox"/> Condoms	_____
<input type="checkbox"/> Pills	_____
<input type="checkbox"/> RD Soln. Packets	_____
<input type="checkbox"/> Iron Tablets	_____
<input type="checkbox"/> Aspirin	_____
<input type="checkbox"/> Others	_____

22. For what purpose/reason do you visit the District Family Planning Office?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

23. On your last visit how many days did you stay at the District Office?

_____ days

24. Are you kept informed about the dates and locations of vasectomy, laproscopy and immunisation camps?

yes no

25. Have you ever organised a vasectomy camp?

yes no

25.1 Did it materialise?

yes no

E. CHAIN OF COMMAND

26. How do you start your daily work?

- on the basis of instructions from F.P.O.
- on the basis of the work plan made by myself
- door to door visits of each Ward without any work plan
- door to door visits only in densely populated wards
- door to door visits on the advice of Pradhan Pancha

27. Who do you receive your instructions from regarding your day-to-day work? (Probe for more than one answer)

- F.P.O.
- I.S.
- Other (specify)

28. If you need advice on a particularly difficult problem, who do you usually consult first?

- F.P.O.
- I.S.
- Others (specify)

29. If you get sick and can not work for some time, who do your contact?

- F.P.O.
- I.S.
- Other (specify)

30. Do you feel it is important to keep the Pradhan Panch informed of your activities?

- yes
- no

30.1 Why?

30.2 Why not?

P. SUPERVISION

	F.P.O.	I.S.	Pradhan Pancha	Others (Specify)
31. How many times in the past three months have you had a job-related meeting with the following people?	_____ times	_____ times	_____ times	_____ times
32. How many times in the past one month have you had a job-related meeting with this person?	_____ times	_____ times	_____ times	_____ times
33. Where do you normally meet these people?	<input type="checkbox"/> my house <input type="checkbox"/> his house <input type="checkbox"/> F.P. Office <input type="checkbox"/> in the field <input type="checkbox"/> others	<input type="checkbox"/> my house <input type="checkbox"/> his house <input type="checkbox"/> F.P. Office <input type="checkbox"/> in the field <input type="checkbox"/> others	<input type="checkbox"/> my house <input type="checkbox"/> his house <input type="checkbox"/> F.P. Office <input type="checkbox"/> in the field <input type="checkbox"/> others	<input type="checkbox"/> my house <input type="checkbox"/> his house <input type="checkbox"/> F.P. Office <input type="checkbox"/> in the field <input type="checkbox"/> others
34. Do you feel these are-	<input type="checkbox"/> very helpful <input type="checkbox"/> helpful <input type="checkbox"/> not helpful	<input type="checkbox"/> very helpful <input type="checkbox"/> helpful <input type="checkbox"/> not helpful	<input type="checkbox"/> very helpful <input type="checkbox"/> helpful <input type="checkbox"/> not helpful	<input type="checkbox"/> very helpful <input type="checkbox"/> helpful <input type="checkbox"/> not helpful
35. In what ways is this person helpful to you? (probe for more than one answer)	<input type="checkbox"/> encourages me in my work, <input type="checkbox"/> helps in filling reports, <input type="checkbox"/> teaches me how to do my work better, <input type="checkbox"/> persuades local leaders to give more support	<input type="checkbox"/> encourages me in my work, <input type="checkbox"/> helps in filling reports, <input type="checkbox"/> teaches me how to do my work better, <input type="checkbox"/> persuades local leaders to give more support	<input type="checkbox"/> encourages me in my work, <input type="checkbox"/> helps in filling reports, <input type="checkbox"/> teaches me how to do my work better, <input type="checkbox"/> persuades local leaders to give more support	<input type="checkbox"/> encourages me in my work, <input type="checkbox"/> helps in filling reports, <input type="checkbox"/> teaches me how to do my work better, <input type="checkbox"/> persuades local leaders to give more support

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> helps me solve problems in my work, | <input type="checkbox"/> helps me solve problems in my work, | <input type="checkbox"/> helps me solve problems in my work | <input type="checkbox"/> helps me solve problems in my work, |
| <input type="checkbox"/> brings me supplies, | <input type="checkbox"/> brings some supplies, | <input type="checkbox"/> brings me supplies, | <input type="checkbox"/> brings me supplies, |
| <input type="checkbox"/> carries my report to the district office | <input type="checkbox"/> carries my report to the district office | <input type="checkbox"/> carries my report to the district office | <input type="checkbox"/> carries my report to the district office |
| <input type="checkbox"/> other (specify) |

36. Are these meetings sufficiently frequent in your opinion?

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> yes | <input type="checkbox"/> yes | <input type="checkbox"/> yes |
| <input type="checkbox"/> no | <input type="checkbox"/> no | <input type="checkbox"/> no | <input type="checkbox"/> no |

37. Have you any suggestions as to how this person could help more in your work?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. REPORTING SYSTEM

38. Do you have to submit a report/s on your work?

yes no

38.1 To whom do you send these report/s?

- Intermediate Supervisor (IS)
- Family Planning Officer (FPO)
- Pradhan Pancha
- Others (Specify) _____

38.2 How often do you submit your report?

- 1. -----
- 2. -----
- 3. -----

38.3 Do you have difficulty in filling out the reports?

yes no

38.4 Have you any suggestions as to ways of improving and speeding up your reporting system?

yes no

38.4.1 What ways?

- 1. -----
- 2. -----
- 3. -----

H. OPERATIONS SUPPORT

39. What kinds of supplies do you receive for your job?

- | | | | |
|--------------------------|-------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | pills | <input type="checkbox"/> | multi-vitamin |
| <input type="checkbox"/> | condoms | <input type="checkbox"/> | aspirin |
| <input type="checkbox"/> | rehydration solution packets | <input type="checkbox"/> | sulphatrait |
| <input type="checkbox"/> | iron tablets | <input type="checkbox"/> | piprazine |
| <input type="checkbox"/> | ward register | <input type="checkbox"/> | pill acceptor forms |
| <input type="checkbox"/> | daily activities report forms | <input type="checkbox"/> | box |
| <input type="checkbox"/> | report forms | <input type="checkbox"/> | S.G. |

40. What kinds of supplies do you have in your store (box) right now? May I see them? (If any items are missing give (x) mark.)

	<u>Quantity</u>
1. Pills	_____
2. Condoms	_____
3. RD Sol	_____
4. Iron tablets	_____
5. Monthly Report form	_____
6. Ward Register sheet	_____
7. Multi Vitamine	_____
8. Sulphaguanadine	_____
9. Aspirin	_____
10. Sulphatrait	_____
11. Piprazine tablets	_____
12. Pill acceptor forms	_____
13. Box	_____

41. Is there anything else in the way of supplies, equipment, etc. that you feel would help in your job?

yes no

41.1 Please list them and give their use.

	Supplies	Use
1.	-----	-----
2.	-----	-----

42. How do you replace an item when it is finished?

- Obtained from supervisor
- Get it myself
- Others (Specify)

43. When do you order supplies?

- Before old supplies run out
- At the time supplies run out

43.1 How soon before they run out do you place order for more supplies?

44. How long does it usually take between ordering and receiving new supplies?

44.1 Have you ever faced difficulties due to the lack of pills and condoms?

- yes
- no

I. TRAINING

45. Did you attend a training course for your job?

- yes
- no

45.1 Where was this? Go to question 46.

45.2 How long did the course last?

45.3 How did you find the training?

very helpful helpful not helpful

45.3.1 What were the shortcomings?

- not long enough
- not right subject covered
- not relevant to the job
- Others (specify)

45.4 Did you understand everything taught at the training course?

yes no

45.4.1 Which subjects did you find difficult to understand?

45.5 What changes would you suggest regarding the training course? (Probe for more than one answer)

- longer
- shorter
- different emphasis: _____
- different teaching materials: _____
- none

TOTAL WORK ACTIVITIES OF PBIWS

INFORMATION FORM

(For the last 6 months - Push to Jastha B.S.)

District: _____

	Name of PBHW Panchayat	
	Month	
	No. of Vasectomies Done	
	New	Pills users
	Total Distributed	
	No. of People Using Pills	
	No. Of People Using Loops	
	Laproscopy Operations	
	Depoprovera	
	New	Condom Users
	Total Distributed	
	New	Pregnant, Weaning Mothers
	Old	
	New	Children Below 5 years
	Old	
	Small-pox Vaccination	
	B.C.G. Vaccination	
	New	D.P.T.
	Old	
	Anaemia	
	Re-hydration	
	Pills	Follow-up Activities
	Condoms	
	Others	
	No. of People Motivated	
	Panchayat Ward/Wards Visit	
	Remarks	

INSTRUCTIONS TO INTERVIEWER

1. From the Ward Register count the number of couples of reproductive age (Wife 15-45 years).
2. Count number of (yellow) Accceptor cards

Pills

Condoms

3. Look in Dairy/Notebook for last 3 months

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
a. Count number of follow-up visits to people who accepted pills	_____	_____	_____
b. Number of drop-outs in last 3 months:			
1. Condoms	_____	_____	_____
2. Pills	_____	_____	_____
(Ask PBHW and check comments in Daily Notebook)			
c. What are the reasons for dropping out of -			
a. Condom-use			
(i)	- - - - -	- - - - -	- - - - -
(ii)	- - - - -	- - - - -	- - - - -
(iii)	- - - - -	- - - - -	- - - - -
(iv)	- - - - -	- - - - -	- - - - -
(v)	- - - - -	- - - - -	- - - - -
b. Pills-use			
(i)	- - - - -	- - - - -	- - - - -
(ii)	- - - - -	- - - - -	- - - - -
(iii)	- - - - -	- - - - -	- - - - -
(iv)	- - - - -	- - - - -	- - - - -
(v)	- - - - -	- - - - -	- - - - -

4. Look in Daily Notebook and count how many days in past 3 months PBHW actually spent visiting households.

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
	- - - - -	- - - - -	- - - - -

5. Look in Daily Notebook and check if supervisor's initials appear at least once a month.

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
(Tick if present in each month).	- - - - -	- - - - -	- - - - -

APPENDIX A-2

INTERMEDIATE SUPERVISOR'S QUESTIONNAIRE

USAID/NEW ERA

Interviewer's

Name: _____

District: _____

Place where interview
was conducted: _____

Panchayat: _____

Date: _____

A. PERSONAL BIO-DATA

1. Name: _____ 2. Age: _____ Years

3. Sex : male female

4. Marital Status: married unmarried

single widowed

divorced/
separated

B. EDUCATIONAL STATUS AND EXPERIENCE

5. What is your educational background?

Higher than SLC SLC Pass Below SLC

5.1 How many years of experience have you had as a health
worker? In what Posts?

_____ Years

_____ Posts

C. JOB RESPONSIBILITIES

6. Can you list the duties you have to perform?

List of duties	Put tick in this column if he says with out prompting	Put tick in this column if he says after prompting	Do you like this sort of work?	Are you actually doing this work? <input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	

- a. Deliver reports
- b. Deliver supplies
- c. Deliver salaries/allowances
- d. Handle problems in the field
- e. Train PBHWS
- f. Do administrative work in district office
- g. Give directions to PBHWS
- h. Supervise PBHWS
- i. Others (specify)

7. How many PBHWS do you supervise?

_____ persons

8. Describe the chain of command between yourself and your PBHWS.

9. What is the role of the Pradhan Pancha in carrying out the programmes in your district?

10. On average, how many times per month do you meet with the following Persons?

1. F.P.O. _____ times/month

2. PBHws _____ times/month

10.1 What do you usually discuss with the FPO?

10.2 What are the most common issues discussed with your PBHws?

11. How many PBHws, do you think, it is possible for one Intermediate Supervisor to supervise?

_____ persons

12. A good deal of information has to flow back and forth through you between your FPO and PBHws. How well do you think the system is working at present.

1. F.P.O. Very well Well Not well

2. PBHws Very well Well Not well

12.1 What changes, if any, would you recommend?

13. What supplies are provided to the PBHws?

13.1 How often?

13.2 By what means?

Through you Through PBHws Others (specify)

14. Please describe the present reporting system between you and the PBHWs.

15. Please describe the reporting system between you and the Family Planning Officer (FPO).

16. Is it working well?

1. With F.P.O. yes no
2. With PBHWs yes no

17. What changes, if any, would you recommend?

18. Is the average PBHW capable of completing his records and reports?

- yes no

18.1 Comments, if any

D. TRAINING

19. How would you rate the training you received as a supervisor?

- Very well Well Not well

20. How would you rate the training of your PBHWs?

Very well Well Not well

21. What changes, if any, would you recommend in future training programmes for -

Intermediate Supervisors: -----

Panchayat-Based Health Workers: -----

22. Do you think that refresher training should be provided to -

1. I.Ss yes no
2. PBHws yes no

23. Do you feel that the following persons in your districts should receive FP/MCH orientation?

a. Panchayat workers yes no
b. Traditional Medical Practitioners yes no
c. Teachers yes no
d. Others (specify) yes no

23.1 Why do you think these people should (or should not) receive FP/MCH orientation?

APPENDIX A-3

FAMILY PLANNING OFFICER QUESTIONNAIRE

USAID/NEW ERA

Interviewer's
 Name: _____

Name: _____ Date: _____

District: _____ Months served as FPO
 in this district: _____

ADMINISTRATION

1. Please describe how new panchayats are selected for placement of PBHws by FP/MCH central and district offices.

1.1 What criteria are used?

1. -----
 2. -----
 3. -----

1.2 Who is involved at the district level in the selection process?

1. ----- 4. -----
 2. ----- 5. -----
 3. ----- 6. -----

2. How are PBHWs selected to fill new or vacant positions?

2.1 What criteria are used?

- 1. -----
- 2. -----
- 3. -----

2.2 Who is involved in this process?

- 1. ----- 4. -----
- 2. ----- 5. -----
- 3. ----- 6. -----

3. Is any special attempt made to recruit female PBHWs?

yes

no

3.1 If no, why?

4. Is any special attempt made to recruit PBHWs from the panchayat in which they will be working?

yes

no

5. Describe the chain of command between yourself and your PBHWs?

5.1 Are you having any problems?

yes no

5.1.1 What are the problems?

5.2 What is the role of the Pradhan Pancha in carrying out the programmes in your district?

6. On average, how many times per month do you meet with each of your supervisors?

_____ times/month

6.1 With each of your PBHWs?

_____ times/month

6.2 What are the most common issues discussed with your supervisors?

6.3 With your PBHWs?

6.4 How would you rate the performance of your intermediate supervisors?

Good Fair Not good

6.5 How many ISs do you have on your staff? And how many in training?

_____ Total _____ In training

7. A good deal of information has to flow back and forth between you and your PBHs. How well do you think the system is working at present?

Very well Well Not well

7.1 What changes, if any, do you recommend?

8. Please describe the present supply system.

8.1 What supplies are provided to the PBHs? (List them)

- | | |
|----------|-----------|
| 1. ----- | 6. ----- |
| 2. ----- | 7. ----- |
| 3. ----- | 8. ----- |
| 4. ----- | 9. ----- |
| 5. ----- | 10. ----- |

8.2 How often?

8.3 By what means?

8.4 How well is this system working now?

Very well Well Not well

8.5 What changes would you recommend?

9. Do you feel that the salaries and allowances for the following positions are (a) adequate and (b) provided in a timely manner.

	<u>Adequate</u>		<u>Timely</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
FPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please describe the present reporting system between you and the PBHWs.

10.1 Please describe the reporting system between your district office and the FP/MCH Project central office.

10.2 Is it working well?

yes no

10.3 What changes, if any, would you recommend?

TRAINING

11. How would you rate the training your intermediate supervisors have received?

Very well Well Not well

11.1 Your PBHW's Training?

Very well Well Not well

11.2 What changes, if any, would you recommend in future training Programmes for Intermediate Supervisors?

For PBHWs?_-----

11.3 Do you think refresher training should be provided to PBHWs?

yes no

11.4 To Intermediate Supervisors

yes no

11.5 Do you think that training is necessary for FPOs to carry out FP/MCH's programme?

yes

11.5.1 What sort of training?

12. Do you feel that the following people in your district should receive FP/MCH orientation?

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Panchayat workers | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Traditional healers | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Teachers | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Others (specify) | <input type="checkbox"/> yes | <input type="checkbox"/> no |

BUDGET

(Please ask the F.P.O. to consult with his accounts staff and fill out the information sought below):

13. Please tell me the total amount of money received by your office for the PBHW Programme in the Years 2036/037 and 2037/038.

2036/037 : Rs. _____

2037/038 : Rs. _____

14. Please categorise the amounts received for each of the categories given below over the last two years.

Category	2036/037		2037/038	
	Amount Received	Amount Spent	Amount Received	Amount Spent
A. Salaries				
B. Allowances				
C. TA/DA				
D. Services:				
a. Supplies				
b. Medicines				
c. Porters				
d. Others (specify)				
E. Rental				
F. Others (specify)				

15. Was the amount received for 2036/037 sufficient for all PBHW activities?

yes

no

15.1 For which areas was the money not sufficient.

- 1. -----
- 2. -----
- 3. -----
- 4. -----
- 5. -----
- 6. -----

15.2 Why was it not sufficient? (give reason)

-
-
-
-

16. Did you spend the balance of the budget allocated for the year 2036/037?

yes

no

there was no balance

16.1 On what was it spent?

-
-
-

IS RATING FORM

For each of the supervisors named below, please rate their job performance.

Name (Position)

1. How knowledgeable is the individual about his/her subject, work duties?

Very good
Good
Not good

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate the persons' attitude toward his/her work duties, co-workers, clients, supervisor/supervisees, etc.?

Very good
Good
Not good

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In general, how would you rate the persons' overall job performance (e.g. industriousness, timeliness, accuracy, competence, thoroughness, effectiveness)

Very good
Good
Not good

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: 1. This form to be used by FPOs in rating all ISs under his supervision, the Intermediate Supervisors that fall in our sample should be marked (S) and the rest, not in the sample should be marked (NS).

2. After interviewing the FPO, please try to find the number of dropouts of PBEWs and Intermediate Supervisors/and the reasons, and note them in your diary.

APPENDIX A-4

COMMUNITY LEVEL QUESTIONNAIRE

(To be asked only of married people)

District: _____ Panchayat: _____

Interviewer's Name: _____ Date: _____

1. Respondent's Sex: male female

2. Respondent's Age: _____ years

3. Number of children: _____ Total

_____ Sons

_____ Daughters

4. Position in the local panchayat, if any: _____

5. Up to what class have you studied? _____

6. There is a person here in your village who has been appointed by the government to help the villagers regarding their health and family planning problems. This person is known as the Panchayat-Based Health Worker. Have you heard about this person in your village?

yes

no

7. Is this person a resident of this village?

yes

no

8. How many hours walk is your house from the residence of the PBHW?

_____ hours

9. Has the PBHW ever come to your house?

yes

no (Do not continue the interview)

9.1 How many times in the past 3 months? --

_____ times

9.2 Has he visited your house in the last month?

yes no

9.3 How regular is the PBHW in coming to your house to visit you?

very regular regular irregular

9.4 How long does he usually spend talking with you?

_____ minutes

9.5 Does he usually have all the necessary medicines and contraceptives with him when he visits you?

yes no do not know

10. When you meet the PBHW what do you discuss with him or what does he tell you? (List all the responses)

- | | |
|----------|----------|
| 1. ----- | 4. ----- |
| 2. ----- | 5. ----- |
| 3. ----- | 6. ----- |

10.1 How useful or practical do you find the things that the PBHW tells you?

Very useful Useful Not useful

10.1.1 Which topics or what kinds of advice do you find most useful?

13. How would you rate the knowledge of the PBHW regarding his work?

Very good

Fair

Do not know

14. How committed and sincere do you think the PBHW is in his work?

Very committed

Committed

Not really committed

Do not know

15. How would you rate the credibility of the PBHW among the villagers?

Very good

Fair

Not good

Do not know

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APPENDIX B

Districts and Panchayats visited by each Field Group

Group - 1

<u>Districts</u>	<u>Panchayats</u>
1. Ilam	1. Chamaita 2. Kolbung 3. Sakyajung 4. Siddithumka 5. Bajhu Gaun 6. Jitpur
2. Jhapa	1. Charaali 2. Kakarbhatta 3. Buddhabare 4. Panchgachhi
3. Morang	1. Magaha 2. Singha Devi 3. Bardanga 4. Rajghat 5. Tandi 6. Bhathigachha 7. Govindapur

Group - 2

4. Sankhuwasabha	1. Banewor 2. Madi Mulkharkha
5. Terathum	1. Sankranti 2. Hwkku
6. Dhankuta	1. Mugu 2. Mare-Katahare 3. Murtid Hung

Group - 3

7. Bhojpur	1. Sangpang 2. Tiwari Bhanjeng 3. Bastim 4. Chhinamakhu 5. Gupteswor 6. Kot Gaon 7. Namanta
------------	---

<u>Districts</u>	<u>Panchayat</u>
8. Khotang	1. Batashe 2. Dandakharka 3. Kharmi 4. Ratanonha 5. Sawakatahare
	<u>Group - 4</u>
9. Okhaldhunga	1. Madhabpur 2. Patle 3. Taluwa 4. Adheri 5. Chenam (Aisham)
10. Dolakha	1. Katakuti 2. Bhusafeda 3. Gairimude 4. Lapilang
11. Ramechhap	1. Khemti 2. Those 3. Bhirpani 4. Fulasi 5. Kathajor 6. Pokharbas
	<u>Group - 5</u>
12. Dhanusa	1. Bindi Saphi - Ramdeiya 2. Satokhar 3. Tulsiyahi 4. Bateswor 5. Bindibasihya 6. Dubarikot Hattleleva 7. Hanspurkathapatala 8. Yadukhowa 9. Machejitkaiya 10. Mourawa Kapelashor 11. Sakhuwa Mahendranagar 12. Pasupatinagar 13. Suga vikas

<u>Districts</u>	<u>Panchayats</u>
13. Mahottari	1. Pipara 2. Sengrampur 3. Bijalpur 4. Dhirapur 5. Hattiled 6. Khairmara 7. Ramnagar 8. Bagada 9. Mahottari
14. Sindhuli	1. Majuwa 2. Ranichauri 3. Amlebastipur 4. Balajor 5. Dumja 6. Kyan Khole (Mahendra Jhadi)

Group - 6

15. Gorkha	1. Narewor 2. Arrang 3. Ghairung 4. Harmi Bhanjyang 5. Muchok 6. Darbung 7. Hanspur 8. Mirkot
16. Lamjung	1. Ghanpokhara 2. Namarkhu 3. Pyardi 4. Tarku 5. Maling 6. Phaleni
17. Manang	1. Gharu 2. Thoche

Group - 7

18. Gulmi	1. Arkhle 2. Birsukhak 3. Dibung 4. Gwada 5. Hardineta 6. Isma Rajathal 7. Nayagaun 8. Baletaksar 9. Gwadi
-----------	--

<u>District</u>	<u>Panchayats</u>
19. Syanja	1. Phedikhala 2. Tulsibhanjeng 3. Arukharka 4. Barou 5. Jagatradevi (Galeng) 6. Kabare Bhanjyang 7. Kakani 8. Makyamchisapani 9. Sekham 10. Tindobat
20. Palpa	1. Galdha 2. Khanichhap 3. Siluwa 4. Bandipokhara
<u>Group - 8</u>	
21. Baglung	1. Hukdisir 2. Malika 3. Serkuwa 4. Amalachaur 5. Hatiya 6. Lekhani
22. Parbat	1. Gyadi 2. Shankar Pokhari 3. Bihadi 4. Hosrandi 5. Urampokhara
23. Myagdi	1. Bhakimle 2. Histan Mandali 3. Ramche 4. Darmija
<u>Group - 9</u>	
24. Arghakhanchi	1. Argha 2. Hansapur 3. Narapani 4. Bangi 5. Khandaha
25. Kapilvastu	1. Sisuwa 2. Barkalpur 3. Kopawa 4. Harnampur 5. Tilourak

<u>Districts</u>	<u>Panchayats</u>
26. Rupandehi	1. Amawa 2. Dhadhal 3. Madhubani 4. Motipur 5. Akala 6. Barsouli
<u>Group - 10</u>	
27. Dang	1. Gobardiha 2. Koilabas 3. Tarigaun 4. Hekuli
28. Sallyan	1. Dhaka Dam 2. Lakshmipur 3. Falawang
29. Piuthan	1. Gothiwang 2. Tarwang 3. Ghunja
<u>Group - 11</u>	
30. Jajarkot	1. Dhime 2. Lahanral Chaur 3. Punma
31. Rukum	1. Garayal 2. Kota Jhari 3. Saukha 4. Chunwang
32. Rolpa	1. Zedbang 2. Ghodagaun 3. Karchabang 4. Khaungri
<u>Group - 12</u>	
33. Dailekh	1. Rakamkarnali 2. Awal Parajule 3. Danda Parajul 4. Sanimakhu 5. Duwari
34. Jumla	1. Lihi 2. Ghuidi 3. Jumlakot

<u>Districts</u>	<u>Panchayats</u>
	<u>Group - 13</u>
35. Bajhang	1. Saim Pasela 2. Daha Bagad 3. Kapalseri 4. Lamatola
36. Bajura	1. Martadi
37. Achham	1. Kalagaun 2. Kuskot 3. Siddeshor 4. Darna
	<u>Group - 14</u>
38. Kanchanpur	1. Chaudani 2. Krishnapur 3. Deiji
39. Doti	1. Kafalekhi 2. Dounda
40. Dadeldhure	1. Ajayameru 2. Dewal Bibyapur 3. Nawadurga
	<u>Group - 15</u>
41. Kathmandu	PBHW not identified
42. Sindhupalchowk	No PBHWs on contract basis
43. Kabre Palanchowk ^{1/}	1. Naldum 2. Panchakumari

^{1/} Please refer to page 11.

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APPENDIX-C

1. Community Respondents who had not heard that the PEHW had been hired to work in their Panchayats.

Background Variables

<u>Sex</u>	<u>Number of Respondents</u>	<u>Percentage of Respondents</u>
Male	306	48
Female	332	52
<u>Age</u>		
15-24 years	131	21
25-34 years	239	37
35-44 years	164	26
45 years and above	104	16
<u>Number of Children</u>		
None	76	12
One	111	17
Two	116	18
Three	103	16
Four	87	14
Five	72	11
Six	35	5
Seven	23	4
Eight and above	15	2
<u>Education</u>		
No education	475	74
Up to Grade 5	116	18
Grade 5-10	35	5
SLC and above	12	2
<hr/>		
All Total	638	100

2. Community respondents who had heard that the PEHW had been hired to work in their Panchayat, but had never met him/her.

Background Profile

<u>Sex</u>	<u>Number of Respondents</u>	<u>Percentage of Respondents</u>
Male	311	58
Female	225	42
<u>Age</u>		
15-24 years	106	20
25-34 years	210	39
35-44 years	145	27
45 years and above	75	14
<u>Number of Children</u>		
None	37	7
One	81	15
Two	107	20
Three	115	21
Four	77	14
Five	64	12
Six	31	6
Seven	13	2
Eight and above	111	2
<u>Education</u>		
No education	315	59
Up to Grade 5	144	27
Grade 5-10	52	10
SLC and above	25	4
<hr/>		
All Total	536	100

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APPENDIX-D

Table D.1: Number of Pill Cycles Found in PBHWS Box, by Percentage of Respondents

Development Regions	N	Range of numbers of cycles	None	0-10 pills cycles	11-20 pills cycles	21-50 pills cycles	More than 50 cycles
Far Eastern	41	0-516	5	7	12	20	56
Eastern	38	0-1200	3	5	11	24	58
Central	70	0-317	7	14	16	23	40
Western	29	0-102	10	14	10	48	17
Far Western	17	0-300	6	47	6	18	24
All Regions	195	0-1200	6	14	12	26	42

Table D.2: Number of Condoms Found in PBHWS Box

Development Regions	N	Range of numbers of condoms	No condom	0-50	51-100	101-200	201-500	More than 500
Far Eastern	41	0-720	17	10	15	17	32	10
Eastern	38	0-600	24	26	18	18	11	3
Central	70	0-2040	26	16	19	17	13	10
Western	29	0-443	17	34	24	17	6	0
Far Western	17	0-460	24	29	24	0	24	0
All Regions	195	0-2040	22	21	19	16	16	6

Table D.3: Numbers of Packets of RD Solution Found in PBHWS Box

Development Regions	N	Range of no. of RD Sol packets	None	0-5	6-10	11-20	More than 20
Far Eastern	41	0-10	71	24	5	0	0
Eastern	38	0-2	95	5	0	0	0
Central	70	0-25	89	6	1	3	1
Western	29	0-12	83	10	0	7	0
Far Western	17	0-5	94	6	0	0	0
All Region	195	0-25	86	10	2	2	1

Table D.4: Numbers of Multi-Vitamin Tablets Found in PBHws Box

Development Regions	N	Range of Number of M.V. Tablets	None	0-50	51-100	101-200	201-500	500 or more
			%	%	%	%	%	%
Far Eastern	41	0-10000	27	12	12	5	22	22
Eastern	38	0-1000	32	11	0	3	24	32
Central	70	0-2000	31	9	9	14	10	27
Western	29	0-1070	48	7	10	7	7	21
Far Western	17	0-1850	76	0	12	0	0	12
All Regions	195	0-10000	37	9	8	8	14	25

Table D.5: Numbers of APC Tablets Found in PBHws Box

Development Regions	N	Range of Number of APC Tablets	None	0-50	51-100	101-200	201-500	500 or more
			%	%	%	%	%	%
Far Eastern	41	0-750	71	10	5	7	5	2
Eastern	38	0-1225	37	13	3	3	34	11
Central	70	0-1000	44	13	10	4	16	13
Western	29	0-1000	62	17	3	10	3	3
Far Western	17	0-0	100	0	0	0	0	0
All Regions	195	0-1225	56	12	7	5	14	8

Table D.6: Numbers of Iron Tablets Found in PBHws Box

Development Regions	N	Range of Number of Iron Tab.	None	0-50	51-100	101-200	201-500	500 or more
			%	%	%	%	%	%
Far Eastern	41	0-1300	78	7	2	5	2	5
Eastern	38	0-300	84	8	0	3	5	0
Central	70	0-1000	93	1	0	0	4	1
Western	29	0-5	93	7	0	0	0	0
Far Western	17	0-0	100	0	0	0	0	0
All Regions	195	0-1300	89	5	1	2	3	2

Table D.7: Numbers of Piprazine Tablets Found in PBHWS Box

Development Regions	N	Range of Number of Piprazine	None	0-50	51-100	101-200	201-500	500 or more
			%	%	%	%	%	%
Far Eastern	41	0-700	68	7	5	15	2	2
Eastern	38	0-1500	45	11	0	5	18	21
Central	70	0-600	36	13	9	10	27	6
Western	29	0-1010	48	24	14	0	7	7
Far Western	17	0-75	94	0	6	0	0	0
All Regions	195	0-1500	51	12	7	8	15	8

Table D.8: Number of Vitamin A-D Tablets Found in PBHWS Box

Development Regions	N	Range of Number of Vitamin AD	None	0-50	51-100	101-200	100-500	500 or more
			%	%	%	%	%	%
Far Eastern	41	0-1315	71	10	2	0	10	7
Eastern	38	0-1200	39	8	3	13	18	18
Central	70	0-900	53	9	6	4	13	16
Western	29	0-1000	62	10	10	3	0	14
Far Western	17	0-1300	82	6	0	0	6	6
All Regions	195	0-1315	58	9	5	5	11	13

N = Total Number of Respondents.

