Strengthening Front-line Supervision to Improve Performance of Family Planning Field Workers in Bangladesh

Ali Ashraf
Amy Gale Dunston
Yousuf Hasan
Barkat-e-Khuda
Rushikesh Maru

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

International Centre for Diarrhoeal Disease Research, Bangladesh
Mohakhali, Dhaka 1212, Bangladesh

1996

ICDDR,B Working Paper No. 47

The authors are alphabetically listed. The research for the paper was conceptualized and conducted by Rushikesh Maru, Ali Ashraf, and Yousuf Hasan. Amy Gale Dunston reviewed both project and non-project research and wrote the final draft of the paper. Maru, Ashraf and Yousuf provided comments on the various drafts. Barkat-e-Khuda also provided useful comments.

Editing: M. Shamsul Islam Khan

Layout Design and Desktop Publishing: Jatindra Nath Sarker
Manash Kumar Barua
Subash Chandra Saha

Cover Design: Asem Ansari

ISBN: 984-551-044-2

MCH-FP Extension Project (Rural) Working Paper No. 110
ICDDR,B Working Paper No. 47

Published by:
International Centre for Diarrhoeal Disease Research, Bangladesh
GPO Box 128, Dhaka 1000, Bangladesh
Telephone: 880-2-871751-871760 (10 lines): Cable: CHOLERA DHAKA, Telex: 675612 ICDD BJ;
Fax: 880-2-871568 and 880-2-883116

Printed by Adprint, Dhaka

ACKNOWLEDGEMENTS

The MCH-FP Extension Project (Rural) is a collaborative effort of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the Ministry of Health and Family Welfare (MOHFW) of the Government of the People's Republic of Bangladesh, supported by the Population Council. Its purpose is to improve the delivery of maternal and child health and family planning services through the MOHFW programme.

This publication is funded by the United States Agency for International Development (USAID) under the Cooperative Agreement No. 388-0071-A-00-3016-00 with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). The ICDDR,B is supported by the aid agencies of the Governments of Australia, Bangladesh, Belgium, Canada, China, Denmark, Germany, Japan, the Netherlands, Norway, Republic of Korea, Saudi Arabia, Sri Lanka, Sweden, Switzerland, Thailand, the United Kingdom, and the United States; international organizations including Arab Gulf Fund, Asian Development Bank, European Union, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO); private foundations including the Aga Khan Foundation, Child Health Foundation, Ford Foundation, Population Council, Rockefeller Foundation and the Sasakawa Foundation; and private organizations including American Express Bank, Bayer A.G., CARE, Family Health International, Helen Keller International, the Johns Hopkins University, Macro International, New England Medical Centre, Procter Gamble, RAND Corporation, SANDOZ, Swiss Red Cross, the University of Alabama at Birmingham, the University of Iowa, and others.

CONTENTS

TABLES

FIGURES

ABSTRACT

The Bangladesh National Family Planning and Maternal and Child Health (FP-MCH) Programme has achieved a remarkable success in establishing accessible fertility regulation services to rural populations. However, inadequate supervision, especially at the front-lines of family planning service delivery, has remained an interminable constraint to the programme.

The Family Planning Inspectors (FPIs) are the primary supervisors of the family planning field workers in the National FP-MCH Programme. During March-July 1994, the MCH-FP Extension Project of ICDDR,B conducted a literature review to determine the mandated roles and responsibilities of FPIs and supervisory effectiveness, and to identify the constraints to performance. The purpose was to suggest means of improving the performance of FPIs. The experiences of the MCH-FP Extension Project with FPIs and research from a variety of other sources are drawn upon.

Studies widely document both the inability and reluctance of FPIs to carry out most of their mandated responsibilities. However, the evidence also indicates that some FPIs are considered good workers. The constraints to performance include poor job motivation and little investment of the National FP-MCH Programme into systematic professional development of FPIs. Specific problems include an ambiguous job description, absence of a job manual, inadequate training, no tools to measure supervisory functions or progress, inadequate supervisory support and guidance from the FPIs' supervisors, difficulties with logistical, administrative, and other official factors, and lack of control over the performance targets. The areas in which performance has been most negatively affected are job knowledge, quantity and quality of work, and use of time.

To improve the performance of FPIs, systematic professional development techniques are suggested which include the provision of monitoring tools to FPIs, development of their problem-solving capabilities and performance review skills, institutionalization of useful and timely feedback reports, and incentives and awards for good performance. Since there is also a strong argument against systematic professional development, redefinition of the FPI role has been alternatively proposed.

I. INTRODUCTION

A. Background

Operational barriers are a common frustration to many family planning programmes. Improved programme management and implementation are often cited as the means of overcoming these barriers and achieving greater impact on outcome measures, such as contraceptive acceptance or maternal and child health indicators. Supervision of the members of the field staff, an integral component of the managerial processes, has been consistently related to organizational effectiveness (1-5). That is, better supervision leads to better programme performance.

B. The relationship between supervision and performance

Front-line supervisors are only one step removed from the client-field worker interactions and are responsible for programme performance at the field level. Interactions between the members of the programme staff and the client population largely determine the success or failure of the programme. Yet, supervision is a part of the larger organizational and environmental context in which it occurs. Hence, the relationships between specific aspects of supervision and performance vary according to the context. An example is the effectiveness of different managerial styles. In the highly bureaucratic Indian Health and Family Planning Programme in Baroda district, bureaucratic and participative managerial styles were found to be most effective at the grassroots level. Other styles, such as personalized relationship, authoritative, nuturant, and/or task-oriented, seemed to have a negative relationship with performance (6). Under different circumstances or in a different environment, these other managerial styles might have proven more effective.

On the other hand, it is generally agreed that the quality of supervision affects the field workers' performance. Components of quality have included some of the following: ....relationship established between supervisor and worker; the extent to which the output-oriented goals can be established and shared; and performance reviews linking supervisory effort to workers' performance (7-8).

In theory, a supervisor should act as a facilitator of field work. His or her effectiveness depends largely on the quality of supervision in extending guidance and support to field workers to perform routine tasks and to address special problems. To apply the appropriate supervisory technique, Simmons (9) wrote, "a supervisor must have a pro-active, forward-looking orientation, with an 'entrepreneurial consciousness'." Most importantly, supervisors must be able to identify and solve problems.

Unfortunately, the concepts of problem-solving and supervision often do not combine. This leaves supervision with only one dimension, inspection, where supervisors merely check for adherence to work schedules, rules, and regulations. Items or activities checked in the process of inspection are rarely related to the quality and quantity of the worker's performance. Consequently, supervision through inspection becomes an end in itself, instead of a means toward improved performance (9). The name given to the front-line supervisors of the Bangladesh National FP-MCH Programme, Family Planning Inspectors (FPIs),[1] reflects this narrow focus of front-line supervision.

---

[1] FPIs were formerly known as the Family Planning Assistants (FPAs) and responsible for supervising the Family Welfare Assistants (FWAs). The name change occurred in 1992 as the result of complaints of FPAs that one cadre of assistants could not supervise another, but the job responsibilities were relatively unchanged.

Inadequate supervision of the members of the field staff is one of the major constraints to the National FP-MCH Programme (10-13,4). It is a direct cause for the insufficient client contact (14), and results in weak interaction when contact takes place[2] (15-16). A number of studies support the notion that an increased client contact and improved quality of services can enhance the programme performance (17-18,1). This paper, therefore, focusses on ways to improve the performance of the front-line supervisors by identifying the dysfunctional aspects of current operations, proposes techniques to develop the problem-solving capabilities, and discusses the possible changes in the organizational structure and management.

[2] For instance, the 1991 Contraceptive Prevalence Survey (CPS) reported that 64% of the rural women were not visited by a field worker in the last six months (14). Moreover, observations show that FWAs are only covering some aspects of family planning care while neglecting areas, such as counseling, follow-up, and MCH care (16).

II. THE ROLE OF FPI IN THE NATIONAL FP-MCH PROGRAMME

A. Organization at the grassroots level

In the organizational chain of command of the National FP-MCH Programme, the lowest cadre of workers are the Family Welfare Assistants (FWAs). These female field workers are administratively supervised by the male FPIs at the union level. For technical assistance, FWAs maintain a working relationship with the Family Welfare Visitors (FWVs) who have received extensive training in maternal and child health and family planning. However, the organization of the National FP-MCH Programme does not specify any formal relationships between FWVs and FPIs. This oversight causes problems that will be discussed in Section IV-B.

Historically, FPIs and FWAs have reported to the Thana Family Planning Officer (TFPO), an administrator based at the thana level and in charge of administering all thana family planning activities. Theoretically, this should be the duty of the Assistant Thana Family Planning Officer (ATFPO), as reflected in the organizational diagram of the National FP-MCH Programme. However, the post of ATFPO is relatively new, and it is still generally believed that FPIs are supervised by TFPOs. Even so, TFPO remains ultimately responsible for the performance FPI. FWVs, on the other hand, are supervised by the Senior FWVs. Both FWVs and Senior FWVs report to the Medical Officer (MCH) for technical matters (**Fig. 1**).

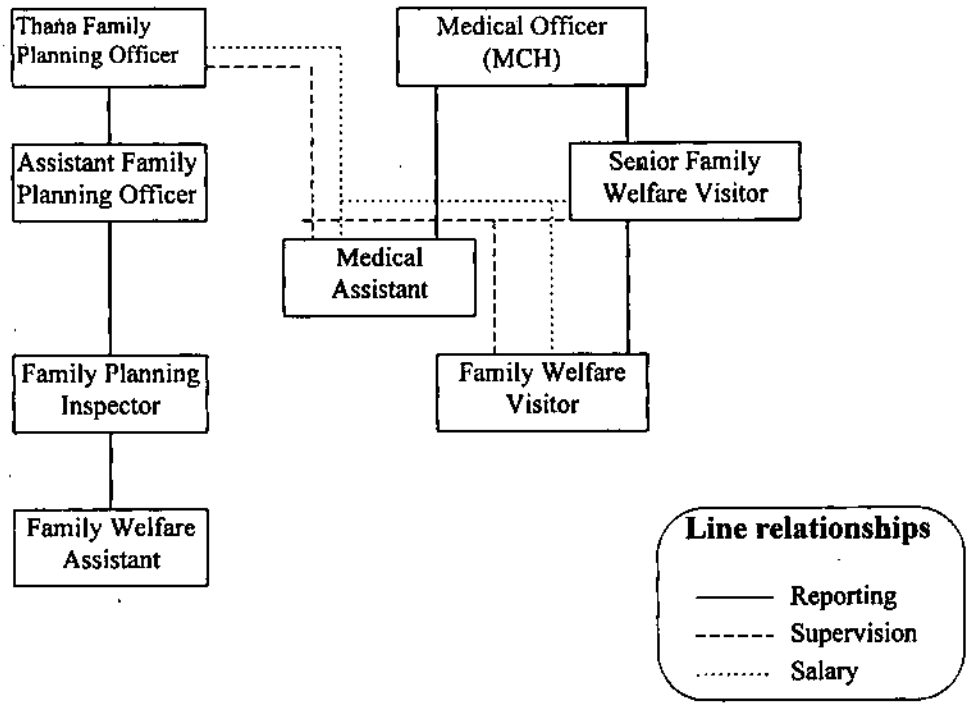

Fig. 1. Organization of the National FP-MCH Programme from the Thana Level and Below

Source: Currey, 1992 (30) - Management Development Unit

In addition to supervising FWAs, FPIs have some other responsibilities, like preparing union schedules for the EPI activities, organizing film shows, selecting sites, preparing schedules for union satellite clinics, etc. Although, it is not explicitly stated in the FPI job description. their main job responsibility is to supervise FWAs. The FPI job description has historically been ambiguous. The latest was issued in 1991 (**Appendix A**), but it fails to specify the standards by which performance can be evaluated. However, standards were earlier stated in the 1984 *Guideline for Supervision of Health and Population Control Programme at Field Level* (**Appendix B**).

The description of duties presented in the following page has been combined from 1991 and 1984 statements to better quantify the performance of FPIs and to include their latest job responsibilities. Duties not related to FWA supervision have been omitted.

Description of FPI duties related to supervision

FPI is the primary supervisor of an average of six FWAs working in his union, which has an average population of 20,000. He is responsible for:

- **Preparing a union work plan** under the guidance of TFPO and MO (MCH-FP) to achieve the MCH-FP targets and to:
  - ascertain/plan targets for each FWA as per the unit's couples and CPR;
  - plan service provision to current users, drop-outs, and non-acceptors per unit;

- plan innovative activities regarding the improvement of MCH-FP service delivery of the union; and

- prepare a monthly tour plan for FWAs for visits to the field sites, satellite clinics, and attending meetings at FWC/THC and all other activities.

- **Supporting FWA efforts and further generating demand and support for family planning** by organizing, coordinating, and/or participating in the IEM activities, such as motivational meetings for local leaders and resistant social groups, radio programme-listening groups, folk singers' programmes, etc. He must also assist FWAs in case of difficulties.

- **Helping satellite clinics** by ensuring that ELCOs and antenatal mothers are informed of the date and place of the Satellite Clinic by FWA, and assisting FWV/FWA with management.

- **Supervising and monitoring FWAs by:**

  - contact each field worker in her unit once a week to check her presence in the field as per plan and if she carries all the necessary materials, including bag, register, contraceptives, field guide, flash cards, etc.;

  - contact six eligible couples from each ward to validate the status of clients by method that has been recorded in the FWA register, to provide training to FWAs if necessary, and to ascertain perception of villagers toward the field-level staff;

  - check the number of villages and population covered by FWAs;

- review the workers' performance according to the number of couples contacted, recruited, and referred;

- identifying the FWA constraints in achieving the target;

- check the adequate supply of contraceptives, drugs, and forms;

- collect and compile monthly MCH-FP performance, record supply and distribution from FWAs and arrange timely submission of these information to TFPO;

- display information about all eligible couples of the union, CPR, MCH-FP monthly performance, FP performance of the individual workers, union map, etc., and ensure regular updating and use of information by the workers;

- maintain/circulate the minutes of union-level committee meetings;

- perform administrative responsibilities, such as recommending leave applications of FWAs, initiating appropriate disciplinary actions, and approving advance tour schedule of FWAs.

A total of 18 days[3] per month are to be spent in the field providing the above supervisory and supportive services.

[3] Memorandum of the Ministry of Health and Population Control of May 29, 1984 [(Memo No. PC/S-2(Coord)-27/84/161(100)] dated 29.05.1984 containing guidelines for supervision and inspection of the Health and Population Control Programme at the field level.

In theory, the front-line supervisors should be dedicated, hard-working, pro-active individuals. Unfortunately, workers who fill this vital position in the National FP-MCH Programme have acquired a stereotype which is strongly negative. FPIs are typically the men of an average age of 35 years who are residents of their own unions, and who come from a relatively higher socioeconomic group. They are often connected with local politics and may have additional sources of income through business. Though they have received an adequate education to carry out their mandated tasks, their performance is often extremely poor. They also frequently complain about the unavailability of logistics to go to the field and discourage other co-workers from seriously performing their duties. A number of studies documenting the FPI characteristics and the quality and quantity of their work have supported this stereotype (19-21). However, a study conducted in two thanas of the ICDDR,B Extension Project to determine the levels of the performance of FPI that included separate evaluation from both TFPOs and ICDDR,B counterparts found that TFPOs rated 11 of the 29 FPIs as good and ICDDR,B counterparts rated 6 as good. Hence, not all FPIs acquire the negative stereotype (21). Constraints to FPI performance and the extent to which the negative aspects of the stereotype are valid are dealt with in the following sections.

III. CONCEPTUAL FRAMEWORK OF THE STUDY

It is recognized that a multitude of factors affect programme and supervisory effectiveness at every level of the National FP-MCH Programme, e.g. client environment, physical environment, staffing, politics, etc. However, the conceptual framework for this study only attempts to delineate the major external and internal variables which seem to influence the capability and performance of the front-line supervisors. It is based on the studies and investigations which have addressed the FPI role in the National FP-MCH Programme, and was developed to conceptualize the major determinants of performance (**Fig. 2**).

In summary, FPI supervisory effectiveness is determined by factors, such as their accountability, higher level supervisory support, skills and development, working conditions, and personal characteristics. This, in turn, affects the performance of the field workers and, ultimately, overall programme performance.

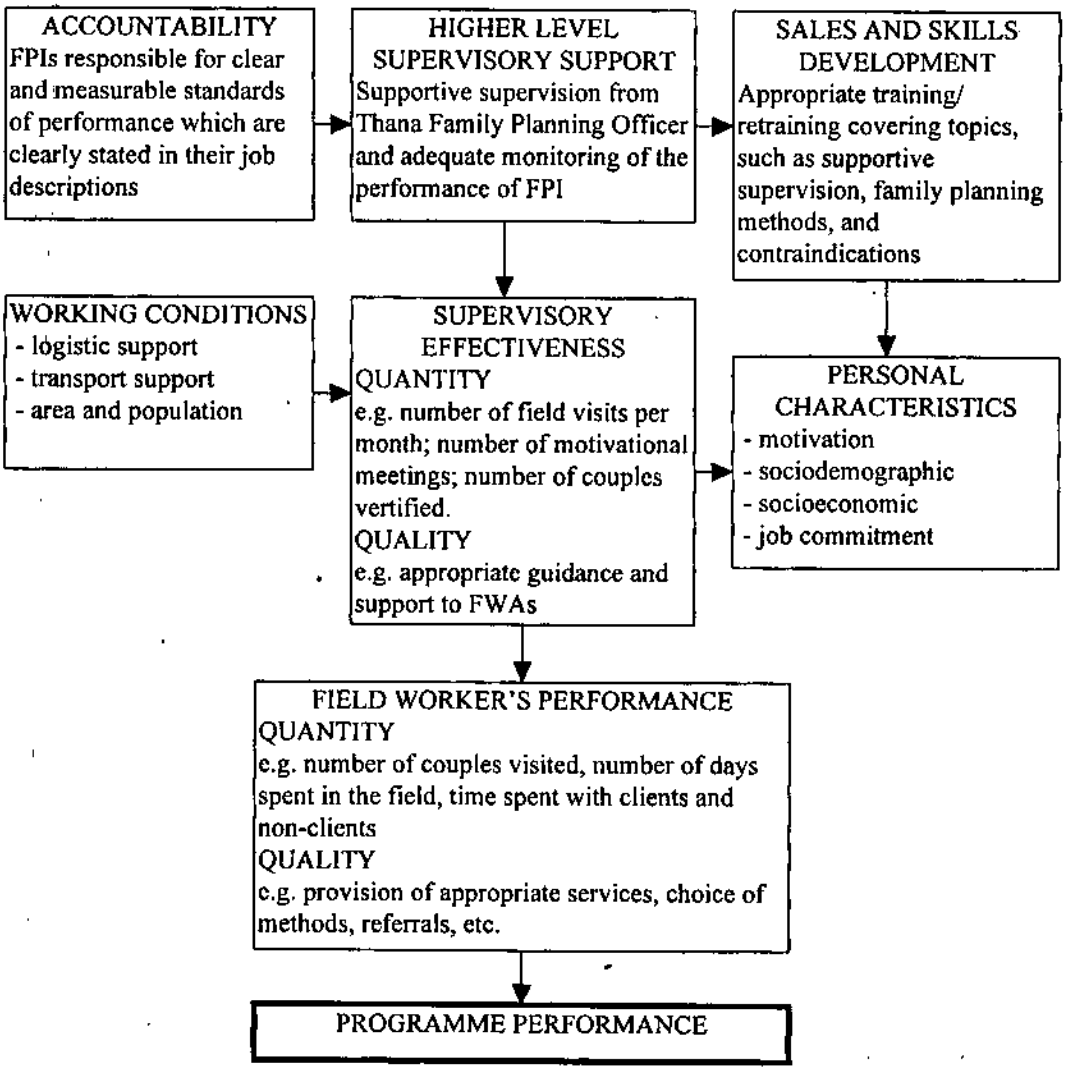

Fig. 2. Conceptual Framework of the Study

IV. CONSTRAINTS TO FPI PERFORMANCE

A. Motivation

Poor job motivation and low work effort are serious factors inhibiting the supervisory system of the National FP-MCH Programme. Observations from an MCH-FP Extension Project study implied that the members of the field staff cared little about their work or their clientele (22). The reason for this was best described by Simmons *et al* (23) who stated,

> *"inadequate job motivation and low work effort [in South Asia] are functions of pervasive conditions of unemployment, low salaries, and the relatively high cost of living. Workers seek employment in the public sector because a government job guarantees at least minimal economic security for a lifetime. The family planning programme is a welcome source of such employment ... but the salary is inadequate to support a family. Male workers frequently look for other sources of income ... Managerial control and guidance fail to counteract these trends because supervisors themselves are also exposed to economic pressures and, in the absence of performance-based rewards, they use authority within the administrative hierarchy for personal gain rather than improved program performance ... As a consequence, the program is as much a target for resource extraction as for the mobilization of energies directed at performance goals. Low work effort and infrequent client contacts are the logical outgrowth of these conditions."*

Small business, agriculture, or political involvement are "side jobs" for many FPIs. One study indicated that about half of the 29 FPIs surveyed admitted to their involvement in other occupations (21). Moreover, a study by Rahman and Koblinsky (12) found local politics to be a common interest among FPIs, and attributed this interest to the FPIs' community motivation role.

B. Investment into FPI development

Emphasis on the role of FPI as a supervisor and contributor to service delivery has received only peripheral attention from the national policy-makers. Whereas FWAs have received extensive training, and a record keeping system through which they can monitor their own performance and that of their area, similar investments into the FPI cadre have been omitted. This has left little room for programme improvement. Koblinsky *et al.* (16) have observed, "Retraining alone [of FWAs] without concomitant improvements in the supervisory and technical support system does not appear to improve the quality of services in a sustainable fashion." Since the effort into FPI development has been negligible since initial recruitment in 1976 and since few significant changes in their roles or responsibilities have been made, the findings of the studies carried out over a decade ago are likely still valid.

General areas where the development of the FPI cadre has been poor are:

Ambiguous job descriptions: Though specific items to check are provided, the job descriptions do not indicate how FPIs should carry out their responsibilities or manage problems encountered. The most recent job description (1991) is still not adequately detailed. It mentions that FPIs are to "perform the supervisory visits to FWAs as per plan," and to "use checklist". However, it does not clarify how to perform supervisory tasks nor how to plan the visits. Checklists are also a subject of controversy as they have not been available to most FPIs, and many researchers believe them to be ineffective, inadequate supervisory tools. Failure to specify standards by which performance can be assessed in the 1991 job description is another big problem. Clarity of definitions and standards is essential for objective performance appraisal and establishing accountability. Clarity is also closely related to job knowledge and skills (24). Ambiguous job descriptions cause unnecessary confusion and impede performance.

Absence of a job manual: Description of the tasks and how they should be carried out are not available to FPIs in the form of a manual for easy reference and consultation.

Inadequate training: Effective training designed to clarify the processes of supervisory activities and to establish work standards and accountability can counteract job description ambiguity and provide information usually found in a manual. Yet, this is not the case as the technical training of FPI is essentially the same as FWA. Most FPIs receive approximately 30 days' training which covers topics, such as motivation, follow-up, MCH care, use of different types of contraceptives, report writing, stock keeping, and integration of health and family planning activities (11,4). The problem may be in the nature of training which does not adequately emphasize supervisory guidance and support techniques, nor does it provide any opportunities for field practice under the supervision of the experienced instructors.

No tools to measure supervisory functions and progress: As previously stated, there are no official standards to assess the FPI performance. Likewise, tools to measure the supervisory functions and progress have also been overlooked. It is not possible to establish accountability or monitor supervisory inputs and their relation to the progress of FWAs, units, or unions. Moreover, the job descriptions state that FPIs are supposed to report their activities routinely, but it is unclear where and how these activities are to be recorded on a daily basis. At present, FPIs merely the compile records of FWAs without indicating how or what supervisory activities are carried out (25). Furthermore, there is also no objective way for TFPOs to assess the FPI performance and distinguish good performance from poor.

Any tool to measure the supervisory functions and progress should also include area characteristics and ways that factors, such as the client environment, sociodemographic trends, etc., affect contraceptive acceptance. The front-line supervisors should be aware of these factors and take them

into account to provide appropriate assistance to different client groups, e.g. resistant groups. However, there is no provision for this. Most FPIs are unaware of basic trends that could help increase contraceptive acceptance in their area. For instance, the total population to be covered by FWAs, the number of eligible couples to be contacted, the percentage of eligible couples using contraception by method in any given period, and basic sociodemographic characteristics of the area are generally unknown to FPIs (4,26).

Inadequate supervisory support and guidance given to FPIs: FPIs should receive administrative support and guidance from their supervisors. As previously stated, this has historically been the responsibility of TFPOs. Appointment of ATFPOs did not occur until 1990. At present, there are no studies available to determine the ATFPO performance and effectiveness. Therefore, supervision by TFPOs is discussed and their job descriptions provided (Appendix-C).

One way for FPIs to benefit from their supervisors is through on-the-job training, and advice or counseling during field visits. Yet, research has consistently revealed that field level supervisory and control systems are weak, and in some areas non-existent (10,22). In a study where 15 FPIs were each observed for three months, Rahman and Koblinsky (12) found that no TFPO came to the field to observe an FPI at work according to his monthly schedule. This is supported by the earlier findings of Hussain, 1983 (4) who found that FPIs in a relatively high performing thana reported being visited by their supervisor only once a month, and FPIs in a relatively low-performing thana about once every two months.

Problems of support are further complicated by the lack of technical guidance given to FPIs as there are no formal relationships between FPIs and FWVs. Technical guidance is necessary for proper management of contraceptive side-effects, referrals for clinical methods, etc.

Apart from the field visits by TFPOs or established working relationships with FWVs, FPIs could receive support and guidance at the FWC meetings. This meeting is a forum to discuss problems, seek advice, and coordinate strategies for both administrative and technical topics. However, an investigation to determine the attendance of TFPOs at the FWC meetings in the MCH-FP Extension Project field sites reveals very low attendance. Of the 62 meetings, TFPOs were present only in 6 (27). FWVs were usually present to give technical advice, having attended 76% of the meetings.

The job descriptions of a TFPO clearly state that in cooperation with MO (MCH-FP/Clinic), ATFPO, and Senior FWV, he is to arrange and participate in essential FWA and FPI training. This includes assessing appropriate training needs, developing training schedules, and imparting training, in addition to monitoring the effectiveness of training during the supervisory visits. As the performance of FPIs is generally poor, it can be inferred that TFPOs have not been fulfilling their mandated tasks.

No control over targets set by headquarters: The fact that FPIs have no control over the visitation and contraceptive prevalence targets set for their areas poses a barrier to their performance. The national programme managers at the headquarters are not familiar with the local circumstances and constraints. But they determine what local area outcomes should be, in addition to the number of households to be visited daily. These generalized visit targets make planning at the local level identical, even when there are clear variations in input, vacancy rates of workers, and the client environment (8).

Logistical, administrative, and other official factors: Other possible constraints are the population size and area, lack of appropriate transportation, insufficient supply of stationary and contraceptives, and the possibility of too much administrative work. Comparing two thanas, Hussain (4) found that FPIs from the lower performing thana were required

to visit a much larger number of villages than FPIs of the higher performing thana. Yet, the overall poor performance of FPIs in terms of both quantity and quality of work levels likely diminish the effect of this difference.

Rahman and Koblinsky (12) observed that many FPIs did not have bicycles, nor did they get to visit distant areas within their unions. Moreover, FPIs who had been provided bicycles did not receive any maintenance cost. It was also observed that FPIs were not reimbursed for hiring country boats during the monsoons. In support of the latter, Al-Sabir and Huq (19) reported that 17% of FPIs interviewed cited difficulties in making field visits during the rainy season as a supervisory problem. The same percentage suggested the use of a boat or travel allowance to overcome this problem. However, Ashraf *et al.* (21), who reviewed the FPI performance in three thanas, found that the transport problems were cited by only two of the eight FPIs in one thana as reasons why they could not follow their advance tour programme for the field visits. FPIs of the other two areas did not mention transport as a problem. Still, in recent conversations between the members of the ICDDR,B Extension Project staff and FPIs working in the project field sites, FPIs complained that they had been issued poor quality cycles and were not reimbursed for their maintenance. Transportation and maintenance are, thus, clearly the problems for some FPIs.

Administrative constraints also affects field supervision. Rahman and Koblinsky (12) found that FPIs of one area spent several days at the TFPO's office attending to administrative and other 'official works.' Ideally, these visits should require less than a work day as they are only supposed to bring the contraceptive performance reports of their area to the TFPO's office. Similar investigation in another area found that FPIs only spent about one work day a month in the TFPO's office. Probably, administrative requirements differ with different TFPOs. Nevertheless, feasible requirements for FPIs should be investigated. In any case, field work is usually neglected when more days are spent at the thana headquarters.

Finally, it was also observed that FPIs, in most cases, were not provided with a diary, pen, paper, and other necessary stationery (12). Accordingly, a survey of FPIs to determine their operational problems identified the problems of inadequate supplies of stationery and contraceptives (19).

Each one of the above factors may adversely affect the performance and the combination of two or more increases the negative effect. Yet, none of the above have as large of an impact on the performance of FPIs as the lack of systematic professional development.

V. SUPERVISORY EFFECTIVENESS

An absence of systematic professional development can directly result into deficient supervisory knowledge, poor skills and performance of FPIs. A number of studies investigating quantity and quality of the FPI work draw very similar general conclusions. However, the methodology and magnitude of results have varied. For instance, a survey of FPIs to determine their practices may be misleading as FPIs prefer to "project an image of themselves quite different than that observed," and may report more activity and better performance than is actually the case (12). On the other hand, studies which use a one-time observation can also be misleading as they may have discussed the best performances only. The technique likely to yield the most credible picture of the day to day activity is observation over time. To that end, the results of the various investigations should be viewed according to the context.

Areas where the problems have manifested are:

Job knowledge: Most studies suggest that the majority of FPIs have an inadequate understanding of their duties and responsibilities. A survey undertaken by Al-Sabir and Huq (19) found that most FPIs had knowledge of only about half of the job items listed in their job descriptions. A study to determine the perceived supervisory activities in three thanas carried out by Ashraf *et al.* (25) found that only 41% of FPIs said that they were required to supervise FWAs when working in the field. Also, when Rahman and Koblinsky (12) asked FPIs about their responsibilities, they found that only 60% stated supervision of FWAs as a duty, and only about 50% said that giving suggestions and instructions to FWAs was one of their assigned tasks. When asked by Al-Sabir and Huq (19) about their main responsibility, only about half of the FPIs surveyed, reported that supervision of FWAs was their main responsibility. It was also discovered that about 20% of FPIs thought that their most important job was to contact the local leaders.

Quantity of work and field visitation: Lack of adequate supervision and control from TFPOs negatively affects the quantity of work. As previously stated, an FPI is supposed to visit the field 18 days a month to perform the supervisory tasks. He is also supposed to visit each field worker once a week. A number of studies have shown that FPIs fell far short of these standards. Observations from an ICDDR,B intervention implied that the government field workers (FWAs and FPIs) in the area studied devoted no more than 10-15 hours a week to their assigned responsibilities (22).

Such a few working hour schedule would make it nearly impossible to carry out all assigned tasks, especially field visitation. Accordingly, low effort in this area has been reported. In a survey of 470 FWAs, 51% stated that they were not visited by their supervisor in the field during the last seven days (28). Furthermore, data collected from three thanas found the average number of supervisory visits per FWA to be only 1.6 days per month, and couples status verification only about 40% of the expected number.[4] Moreover, FPIs visited the field, on an average, only 10 days per month (21).

Misuse of time: Misuse of time is another problem. To elaborate on a study previously cited in section IV, FPIs in one thana spent as much time at the TFPOs' office as in the field. There, they were observed updating reports, filling out leave applications for FWAs or attending to other 'official works.' These activities took 21% of the FPIs' time. Furthermore, FPIs were found absent from their duties as much as 41% of the time (**Fig. 3**) (12).

More recently, another investigation also attempted to determine how FPIs spent their time. Data from a monitoring tool distributed to FPIs in three thanas were collected. It showed that FPIs claimed to spend about 40% of their working days per month at different thana and union-level meetings. Field work was again the most neglected activity (**Fig. 4**) (29).

---

[4] The expected number is 144 couples per month which is derived from the following formula: (6 ELCOs per unit*6 FWA units*4 weeks=44).

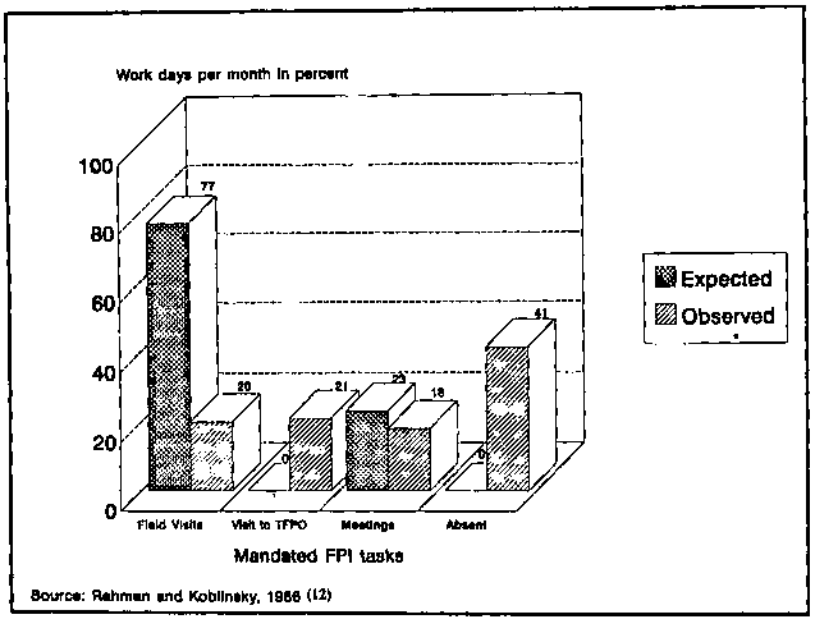

Fig. 3. Time spent by FPIs on mandated tasks in Sirajgonj *thana* according to observations

Note: ❶ The Expected percentages were developed from estimates based on the GoB- mandated tasks for FPIs per month. At the time of the study, Sirajgonj differed from other areas as four days extra per month were mandated for meetings. A five-day work week was mostly in place.

❷ Meetings only include thana or union-level meetings. Motivational meetings are included in the field visits.

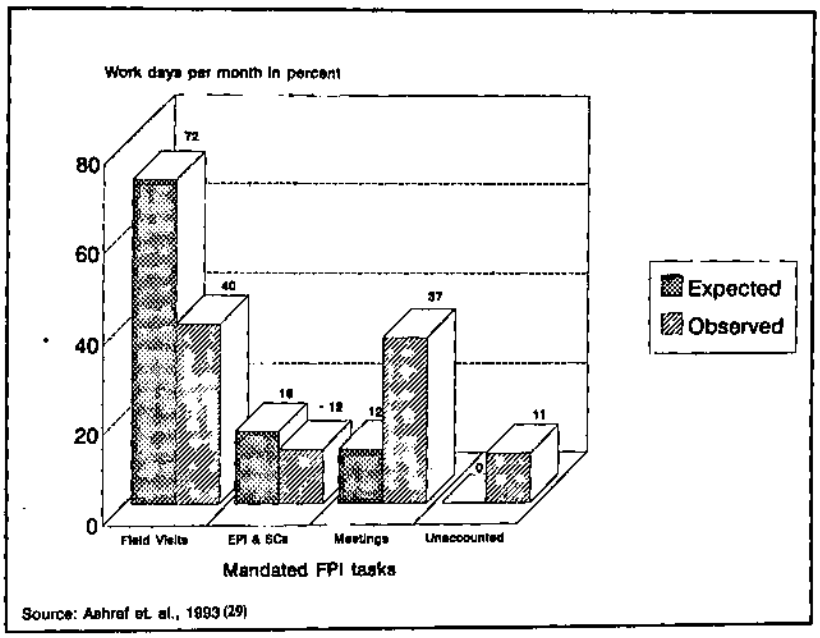

Fig. 4. Time spent by FPIs of three *thanas* on mandated tasks according to FPI records

Note: ❶ The expected percentages were developed from estimates based on the GoB- mandated tasks of FPI for each month. At the time of the study, FPIs were expected to work 25 days a month.

❷ Meetings only include *thana* or union-level meetings. Motivational meetings are included in the field visits.

The evidence from Rahman and Rahim (13) suggests that the home visitation rate of FWAs is not related to the frequency of supervision by FPIs. This finding is likely due to the generally low amount of field supervision provided and the poor level of supervision available. The latter is discussed below.

Quality of work: Lack of professional development, supervisory support, and monitoring tools are tremendous obstacles to quality in FPI

performance. In a study which revised 354 FPIs as to how they performed the field supervision tasks[5], nearly all (98%) stated that they did it through supervising the work of FWAs. Other responses were famiiy planning motivation (81%), supervision and referring complicated cases (75%), organizing meetings (51%), assisting in couple registration (48%), and assisting in the collection of field information (45%) (19). Analysis of the responses indicated supervision without reference to support and guidance. Studies have shown that the FPIs' perceptions of supervisory duties do not support an effective supervisory system (22,20,25). This was exemplified in an MCH-FP Extension Project study where FPIs, according to their own comments to observers, put on "a real show" for visitors who had come to observe them. Some points made [to villagers] were appropriate; others were quite unsuited to the setting (22).

A major area where FPIs might provide assistance is in helping with records and reports. Instead, the evidence indicates that inspection and policing of activities dominate over support and guidance. Record checking has become more of a ritual rather than a constructive process of management. Very little effort was made to assist FWAs in correcting errors or even commenting about the FWA records. There was also a reluctance to compare the performance reports with records and to verify if information has been recorded properly (12,25). Moreover, common supervisory remarks made in the FWA Register, such as "checked and found correct" or "instructed to work correctly," do not provide any guidance to FWAs (21). It can be inferred that FPIs do not see the importance of the FWA register other than to report the number of contraceptive acceptors. This is a logical outgrowth of the current MIS of the National FP-MCH Programme which emphasizes outputs in terms of worker-wise contraceptive acceptance rates and long-term method acceptance targets. The comparison of inputs and activity levels across worker units or unions is neglected (29).

[5] Multiple responses were possible.

FPIs are supposed to assist FWAs with problem-solving. However, Rahman and Koblinsky (12) found that although many FWAs discussed work problems with their FPIs, they often did not receive help. This is due to the nature of the assistance requested. Problems discussed mainly concerned complications of family planning methods for which FPI is ill equipped to provide assistance. A study to ascertain knowledge about complications of the pill, injection, IUD, and conditions where methods are inappropriate found that more than 80% of the 134 FPIs surveyed scored moderately in family planning knowledge. This study explained that moderate knowledge of family planning was unsatisfactory, and that improved quality of services required better family planning knowledge (19).

Monthly union-level meetings, usually conducted by FPIs, provide additional opportunities for them to render support and guidance to FWAs. However, it appears that this activity do not receive priority. The MCH-FP Extension Project observed 62 union-level meetings to see what goes on in those meetings. It was found that FWAs were only occasionally appreciated, current performance of FWAs was discussed about half of the time, and previous performance was discussed even less. Furthermore, FWAs were questioned about their performance only in 19 of the 62 meetings, and performance comparisons of different FWAs were made only in 11 meetings (Table 1). The findings of Rahman and Koblinsky (12) support this evidence. In addition, they observed that only a few meetings included discussion of the worker's problems, checking of FWA record books, and assistance to FWAs in preparing progress reports. Moreover, Simmons (9) described that monthly meetings were mostly dominated by discussions on the number of family planning acceptors recruited by each worker, and by means of exhortations rather than problem-solving discussions about how to improve work performance. It should be noted that there are no official guidelines or systematic formats to conduct union, district or thana-level meetings.

Table 1. Discussions at monthly union-level meetings

Activity	Observed	
	No.	%
TOTAL	**62**	**100**
TFPO present	6	10
FPI present	58	93
FWV present	51	82
FWA appreciated	13	21
Discussed current performance of FWAs	35	56
Discussed previous performance of FWAs	25	40
FWA questioned	19	31
Comparison made between FWAs performance	11	18

Source: Meeting observation checklists during 1985-1986 (27).

FPIs can render support by conducting motivational meetings with groups and couples to gain the favour of resistant social groups and assist FWAs in case of difficulties. As previously stated, family planning motivation was found to be a topic covered in FPI training. Yet, methods and standards for the numbers of meetings to be held in any given period are unclear and have not been officially stated. Still, it appears that most FPIs are actively involved in this type of work, with relatively smaller percentage neglecting this duty. Ashraf *et al.* (21) found that FPIs claimed to organize, on an average, two group meetings per month each in the areas studied. Another investigation found that 41% of the 312 FWAs interviewed said FPIs organized group meetings, on an average, once a month (13). It was also that

most FPIs admitted that they spent the most of their time in the field motivating villagers (12). With the general consensus that male motivation efforts are insufficient; this finding deserves attention. FPIs are well placed to reach the men of Bangladesh.

Finally, advance tour programmes for scheduled and unscheduled trips to the field are still prepared to conform to the government-mandated targets. These plans are generally made in a vague, non-uniform manner, and specify nothing about the type of activities to be performed while visiting different households. It is not surprising that studies found that most FPIs either could not or would not fulfill their programme plans (10,12,21).

VI. IMPROVING THE PERFORMANCE OF FPI

A. Provision for an adequate job description, training/retraining, and manuals

Most research has described the work of FPIs as deficient. Yet, it is believed that their performance can be improved through systematic professional development. This should include provision of an adequate job description, which should clearly state the functions, activities, and standards of performance, and establish accountability. Appropriate training/retraining and a manual to instruct FPIs the about expected performance and how each activity is to be carried out are also essential for adequate support. Furthermore, problem-solving is a major constraint to performance improvement and should be explicitly addressed in the job description, training, and manual.

B. Monitoring tools

An effective supervisory-monitoring tool can enhance the performance of FPI. Tools previously developed and introduced on a trial basis have been the *Bastobayan Khata* (registration book) and the FPA Log Book. The *Bastobayan Khata* was developed by the Management Development Unit as a means for FPIs to record their daily supervisory activities and main findings (30). The FPA Log Book was developed by the MCH-FP Extension Project and also included a daily record of supervisory information (25). The FPI Diary was developed by researchers at the MCH-FP Extension Project, using the experiences of these tools. To date, it is the most advanced monitoring tool for the front-line supervisors.

The Diary functions as a supervisory monitoring tool and provides measurable indicators of supervisory activities, which also enable TFPOs to

monitor the performance of FPI. It also functions as a planning tool by helping FPIs learn about and monitor family planning conditions of their area. The diary includes:

- information on basic demographic profile;
- worker-wise eligible women profile;
- advance tour plan with record of each FWA to be visited, village, household number, and date;
- checklist for monitoring the key performance areas of FWA duties and responsibilities;
- record of daily supervisory activities, including spot check, data verification, supportive supervision, and meetings;
- monthly summary of supervisory activities;
- annual review of area characteristics, including sociodemographic trends and the client environment, where FPIs to collect information on union conditions and resources.

The Diary was tested in three thanas, where two were MCH-FP Extension Project areas, Abhoynagar and Sirajgonj, and one was a non-project area, Monohordi. Both FPIs and their supervisors have responded encouragingly. For instance, most FPIs stated that it was helpful in the field, and also made it possible to provide support to FWAs, evaluate the performance of FWA, record necessary information on all meetings, and monitor the supplies to FWAs. Interestingly, the non-project area showed the greatest overall approval of the Diary (Table 2).

Table 2. FPIs' opinion about their diary

Nature of opinion	Abhoynagar (n=8)	Sirajganj (n=11)	Monohardi (n=11)
Diary related to job description	100%	88%	100%
Necessary information on FWAs' work documented in the diary	82%	75%	80%
Diary helps in the field	100%	63%	100%
Possible to provide support to FWA	73%	100%	100%
Possible to evaluate the performance of FWA	100%	100%	100%
Possible to record necessary information on all meetings	82%	75%	80%
Possible to monitor supplies to FWAs	55%	75%	90%

Source: MCH-FP Extension Project Field Notes, September 1991 (31).

It is premature to draw any major conclusions about the Diary. Further field testing in a larger number of non-project thanas is necessary before making any recommendations for implementation at the national level. However, the Diary is still a powerful innovation, structured and linked with all aspects of field supervision. With further testing and revision, it is likely

that it will have a large effect on the client coverage, the quality of data recorded, and the quality of service provided. It will also enable FPIs to plan their activities more effectively and manage their respective field workers with greater knowledge of what is really happening in their area.

C. Empowering supervisors to plan local and objective review of performance - MCH-FP Action Research Project

Supervision focussed on the performance review and planning at the local level can have a noticeable positive impact on the implementation of family planning programme (8). Yet, as discussed earlier, inspection is more of a norm (12,25), and lack of planning at the sub-district level has been documented (4,22). For a larger impact, supervisors must assess the needs of their clientele and segment them according to different needs. Moreover, the local client environment, physical environment, and managerial support must also be considered. With these in mind, supervisors can set priorities and develop realistic work programmes to meet these priorities.

Since 1991, the ICDDR,B MCH-FP Extension Project has implemented an action research project in two thanas -- one in a project area and the other in the non-project area. The project has demonstrated that it is feasible to institute a systematic performance review process at both the union and thana levels. Furthermore, performance can be improved within the constraints of the existing system where lack of collaboration between the health and family planning wings, problems in the organizational structure, and "unofficial payments" are common. The process enables managers to identify problems, find solutions, and reallocate human and material resources to address the low-performing areas. The use of the FPI Diary is an essential factor of performance review.

The method employed is a continuous process of refinement based on the gained experiences. Performance reviews emphasize supervisory efforts and their relationship to performance. Short-term objectives are the focus and are negotiated between workers and supervisors. Plans are written and

formal, allowing them to be readily reviewed for progress and also to establish accountability. The local-level meetings are the means for deliberate review of plans and instituting accountability. The introduction of guidelines for these meetings helps performance discussions between FPIs and TFPOs to become systemized, as demonstrated by the non-project area findings (Table 3).

The effectiveness of the process varied with time and location, depending on the commitment and motivation of the district and thana officials. Yet, FPIs were found to play a crucial role in performance improvement. The unions which showed the greatest improvement were the ones with better skilled and motivated FPIs. Moreover, FPIs have been able to prepare age-parity profiles of low-performing workers' units. As this cadre of workers has received relatively fewer inputs from the National FP-MCH Programme, the results imply that their performance can be improved. A supervisory monitoring tool, such as the FPI Diary, was essential for the performance review and planning. Furthermore, empowering FPIs by training them to present their own performance reviews at meetings can increase motivation and help them internalize the importance of performance improvement. This is noteworthy because the weak thana level supervisory efforts place FPIs in an autonomous position and lead front line supervision to depend only on their personal motivation (8).

D. Monthly/quarterly feedback reports of area performance, including regular evaluation of performance of unit and union

Monthly/quarterly feedback reports of sub-district performance, and manuals and training to support the compilation and use of this information are necessary to maintain consistent and effective performance improvement. If the monitoring system is designed properly, it can provide useful feedback about the contraceptive acceptance rates to managers, field workers and their supervisors. Reports should indicate key features for each organizational level and indicators for input, activities, output, and impact. The indicators should measure both quantity and quality of work and output.

Table 3. Changes in the FWC meeting observed in Monohardi[6]

Category	Pre-intervention performance in 4 unions (May 1991)		Performance of 3 poor performing unions during intervention (Apr 1992 to Mar 1993)	
Agenda prepared	Never	(0%)	Always	(100%)
Written minutes taken	Never	(0%)	Sometimes	(40%)
Performance reviewed	Sometimes	(40%)	Always	(100%)
CPR discussed	Rare	(25%)	Always	(100%)
Appreciation expressed to good workers	Never	(0%)	Sometimes	(40%)
FWA questioned	Sometimes	(50%)	Always	(100%)
Register checked	Sometimes	(50%)	Sometimes	(50%)
Satellite clinic discussed	Sometimes	(50%)	Always	(100%)
Side-effect management issues raised by FPI	Never	(0%)	Rare	(20%)
Follow-up of high risk mothers discussed	Never	(0%)	Sometimes	(40%)
Issues of supply raised	Sometimes	(50%)	Sometimes	(40%)

Source: Hasan and Maru, 1993 (8).

[6] The percentage calculation was based on the performance of each category observed during the meeting as numerator and total meeting observed as denominator. A 5-point scale was adopted to measure the events. Never (0%); Rare (1-30%); Sometimes (31-60%); Most of the time (61-90%); and Always (>90%).

The monthly unit-wise/union-wise performance reports proposed by the MCH-FP Extension Project (32) should help supervisors focus their attention to the process and outcome indicators. It will permit a systematic monitoring of both quantity and quality of supervisory field visits by FPIs and TFPOs, and enable these supervisors to provide useful feedback. The process and outcome indicators, such as contraceptive acceptance rate, impact on higher order births, new cases and drop rates, FWA activity, FPI activity, etc., also help FPIs evaluate the performance of FWA objectively. Hence, the poor and good performers can be identified, and possible reasons for their performance levels can be found. These reports would also help the workers and supervisors to identify weakness and help the workers overcome the reasons for poor performance, e.g. technical training; training to improve communication with clients; activity planning sessions; increased guidance and support from supervisor, etc.

E. Incentives and awards for good performance

One way to improve the performance of FPIs may be to introduce incentives or awards for good performance. Presently, offering of honour or award in cognizance of high performance or excellence is not in practice. The annual Population Day award is given to a few people only. Incentives may help create friendly competition between areas and motivation for improvement.

In the National FP-MCH Programme context, funding is needed to support a performance-based area-specific awards for good performance and/or improved performance. Though the effect of incentives on front-line supervisors is yet to be studied in Bangladesh, a performance-based reward system is likely to have a positive effect on the motivation and performance of FPI.

VII. REDEFINING THE ROLE OF FPI

The means suggested above could all lead to the improved front-line supervisory performance. However, there is also a strong argument against systematic professional development. Many believe that the behaviour of the majority of the existing FPIs can not be changed. The alternative is to redefine the role of FPIs by releasing them from their supervisory responsibilities and instead, expanding their role as the motivational field workers. As discussed earlier, there is a strong evidence that motivational activities are often preferred and more often carried out than supervisory duties. Furthermore, there is also a consensus among the family planning researchers and programmers that male motivation is an area that requires more intensive efforts. FPIs already function as community educators/mobilizers, organizing family planning committees or groups. An increased job emphasis on family planning motivation may more effectively use this cadre of workers. However, such a change should be part of a more comprehensive reorganization of the roles and relationships between various workers and supervisors at the thana level. If more FWVs can be added to the programme, it may be possible to give the supervisory tasks to FWVs, and the community and male motivation tasks to FPIs.

VIII. CONCLUSION

The inadequate supervision in the National FP-MCH Programme is due to a variety of interrelated factors, not only the lack of motivation and commitment of supervisors to the programme. This review notes the limitations and lack of input into this cadre of supervisors, and describes alternatives to improve the performance in quantity and quality within the existing constraints of the National FP-MCH Programme. A review of literature specific to field-level supervision strongly suggests that an improved field supervision will positively affect the performance of field workers and is likely to lead to better quality of services and quantity of work. Strengthening the performance of the front-line supervisors might also be achieved through other means, such as motivating FPIs who maintain other businesses on the side, improved integration of the health and family planning wings of the MOHFW, high penalties for those found practicing "unorthodox" administrative procedures, etc. But those issues require further investigation and are beyond the scope of this paper.

IX. RECOMMENDATIONS

To ensure an effective field supervision within the existing supervisory system, the following are recommended:

1. Job descriptions of the field supervisors should be reviewed and revised to include clear statements of feasible and measurable performance standards. The revised edition should be disseminated to all FPIs.

2. Job manuals which clearly describe the supervisory responsibilities, the means to carry them out, and supervisory guidance and support methods to all field supervisors should be provided to all FPIs.

3. Supervisory training/retraining which emphasizes a supportive supervision and problem-solving skills should be provided to all supervisors to support the job description and manuals .

4. Training or retraining to increase supervisory knowledge of the FWA responsibilities, and family planning methods and their complications should be provided.

5. Necessary logistic support should be ensured, e.g. pens, paper, stationery, country boat during the rainy season, transportation expense reimbursement, etc.

6. A formal working relationship should be developed between FPIs and FWVs.

7. A supervisory monitoring tool, such as the FPI Diary, and adequate training for its use should be provided.

8. A performance review and local planning mechanism should be nationally implemented. The MCH-FP Extension Project's Action Research Project can be reviewed and further tested for possible adoption by the National FP-MCH Programme.

9. A nationwide system of performance monitoring and feedback reports at the thana and union levels should be adopted nationwide.

10. The supervisory capabilities of TFPOs and ATFPOs, emphasizing on support and guidance skills, should be systematically strengthened.

X. REFERENCES

1. Kamal GM, Khan M, Ahmed AU. An operations research project to improve the performance of TAF sub-projects: final report. Dhaka: Associates for Community and Population Research, 1989.

2. Rahman MB, Rahman MM, Siddiqui SA. Evaluation of the unity of government and non-government population services project. Dhaka: Population Development and Evaluation Unit, Planning Commission, 1989.

3. Phillips JF, Simmons R, Simmons GB, Yunus M. Transferring health and family planning service innovations to the public sector: an experiment in organization development in Bangladesh. ***Stud Fam Plann*** 1984;15:62-73.

4. Hussain Z. Correlates of effectiveness of field supervision in family planning programme. Dhaka: Centre for Population Management and Research, 1983.

5. Phillips JF, Stinson WS, Bhatia S, Rahman M, Chakraborty J. The demographic impact of the family planning -health services project in Matlab, Bangladesh. ***Stud Fam Plann*** 1982;13:131-40.

6. Das NP, Desai G. Managerial behavior of the medical officers and family welfare performance at the grassroots level: a pilot study. Boroda: Population Research Centre, University of Baroda, 1992.

7. Misra BD, Ashraf A, Simmons R, Simmons G. Organization for change - a systems analysis of family planning in rural India. Michigan: Center for South and Southeast Asian Studies, 1982.

8. Hasan Y, Maru RM. Performance improvement through local planning: findings from an action research project in Bangladesh. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1993. (Working paper 89).

9. Simmons R. Supervision: the management of front-line performance. In: Lapham RJ, Simmons GB editors. Organizing for effective family planning programs. Washington, D.C.: National Academy Press, 1987.

10. Chowdhury AMR. A tale of two wings: health and family planning programmes in an upazila in Northern Bangladesh. Dhaka: Bangladesh Rural Advancement Committee (BRAC), 1991.

11. Hossain KJ, Khan MR. Delivery system of primary health contraceptive acceptance rate and family planning (supply side). *In*: Khan MR, editor. Evaluation of primary health care rate and family planning facilities and their limitations specially in rural areas of Bangladesh. Dhaka: Bangladesh Institute of Development Studies, 1988.

12. Rahman MM, Koblinsky MA. Supervision of the front-line workers in the national family planning programme. Dhaka: Integrated Family Planning, Nutrition and Parasite Control Project, 1986.

13. Rahman MB, Rahim MA. An evaluation of the performance of FPAs and FWAs. Dhaka: External Evaluation Unit, Planning Commission, 1984.

14. Mitra SN, Lerman C, Islam S. Bangladesh contraceptive prevalence survey - 1991: final report. Dhaka: Mitra and Associates, 1993.

15. Whittaker M, Hossain MB, Mita R, Koenig MA. Rural women's perspectives on quality of family planning services. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1993. (Working paper 85).

16. Koblinsky MA, Brechin SJG, Clark SD, Hasan Y. Helping managers to manage: work schedules of field-workers in rural Bangladesh. ***Stud Fam Plann*** 1989;20:225-34.

17. Kamal GM, Rahman S. Contraceptive prevalence survey in SOPIRET areas. Dhaka: Associates for Community and Population Research, 1992.

18. Phillips JF, Simmons R, Koenig MA, Chakraborty J. Determinants of reproductive change in traditional society: evidence from Matlab, Bangladesh. ***Stud Fam Plann*** 1988;19:313-34.

19. Al-Sabir A, Huq MN. Modernization and religiosity of health and family planning personnel: its influence on upazila family planning performance in Bangladesh. Dhaka: NIPORT, 1989.

20. Mabud MA, Abeykoon ATPL, Buiya AR. Evaluation of performance of health and family planning field workers. Dhaka: Population Development and Evaluation Unit, Planning Commission, 1990.

21. Ashraf A, Maru RM, Hasan Y. Supervision: a missing link in the Bangladesh Family Planning Programme. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1992. [Documentation Note - unpublished].

22. Simmons R, Phillips JF, Rahman M. Strengthening government health and family planning programs: findings from an action research project in rural Bangladesh. ***Stud Fam Plann*** 1984;15:212-21.

23. Simmons R, Koblinsky A, Phillips JF. Client relations in South Asia: programmatic and societal determinants. ***Stud Fam Plann*** 1986;17:257-68.

24. Hern J. Manager and worker accountability. *In*: Lapham RJ, Simmons GB, editors. Organizing for effective family planning programs. Washington, D.C.: National Academy Press, 1987.

25. Ashraf A. Family planning assistants diary. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1991. [Documentation Note - unpublished].

26. Ashraf A, Clark S, Rahman M, Hasan Y. SHA counterpart support intervention in two upazilas. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1986. [Discussion paper - unpublished].

27. MCH-FP Extension Project field notes on meetings, observation checklists during 1985-86. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). [Unpublished].

28. Rahman MM, Maru RM, Hossain MB, Hussain S. Evaluating increased worker density in Bangladesh family planning program: field managers and workers' perspectives. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1991. (Working paper 60).

29. Ashraf A, Maru RM, Hasan Y, Islam M. Strengthening the management information system for family planning: the role of the MCH-FP Extension Project. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1993. (Working paper 94).

30. Currey M. Management development: an initiative in the Ministry of Health and Family Welfare, Government of the Peoples' Republic of Bangladesh. Supervision of the MCH-FP services, *V.* 4. Dhaka: Management Development Unit, 1992.

31. MCH-FP Extension Project field notes from the FPI diary. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1991. [Unpublished].

32. Bhatnagar SC, Hasan Y, Maru RM. Strengthening the existing MCH-FP MIS through performance monitoring and activity planning. Dhaka: MCH-FP Extension Project, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), 1992. (Working paper 68).

Appendix - A

FPI Job Description (1991)

Responsibilities and Duties

Job Title: Family Planning Assistant (FPA)

Qualification: H.S.C.

Rank: CLASS III

Duty Station: Union

Responsible To: Upazila Family Planning Officer (UFPO)

Responsibilities of this post are directly related to duties of providing MCH-FP care at union level. These responsibilities are, therefore, reflected in the following major categories:

1. Planning and Organization

1.1 **To prepare an union work-plan under the guidance of UFPO and MO(MCH-FP) to achieve MCH-FP targets.**

1.1.1 Select sites and prepare schedule of satellite clinic programme of the union.

1.1.2 Help organizing a schedule of FP camp programmes at the union level as per instruction from MO (MCH-FP) and UFPO.

1.1.3 Attend FWC meeting. Act as a member-secretary of the Union FP Committee.

1.1.4 Prepare a schedule of EPI activities in the union, in conjunction with AHI.

1.1.5 Prepare a plan for IEM motivational meetings, health education campaign and other IEM activities.

1.1.6 To ascertain/distribute target for each FWA as per unit's couples and CPR.

1.1.7 Make a list and prepare a plan for providing service to continued users, drop-outs and non-acceptor per unit.

1.1.8 Make plans for any other innovative activities regarding improvement of MCH-FP service delivery of the union.

1.2 **Prepare a monthly tour programme for visiting FWAs in the field, satellite clinics, attending meetings at FWC/UHC and other activities:**

1.2.1 To get the list of pregnant mothers and update every month through FWAs.

2. Implementation

2.1 **Implementation of IEM Activities/Social Mobilization Activities**

2.1.1 To participate at motivational meetings with local opinion leaders.

2.1.2 To organize radio programme-listening group of MCH-FP programme in conjunction with FWA and FWV.

2.1.3 To coordinate with the officers/workers of NGO and other departments at the union level.

2.1.4 To organize folk singers programme.

2.1.5 To organize film show programme.

2.2 Satellite Clinics

2.2.1 To hold pre-satellite clinic meeting with local people in consultation with ward members/local leaders of the Union Parishad.

2..2.2 Attend satellite clinic to help FWV/FWA for management.

2.2.3 To ensure that eligible couples and antenatal mothers are informed of the date and place of satellite clinic by FWA.

3. Supervision

3.1 To perform supervisory visits to FWAs as per plan. Use checklist and report visits to UFPO.

3.2 To perform acceptors' verification as per circular.

3.3 To monitor if the FWA register is properly filled in and train FWAs, if necessary.

3.4 To ensure that FWAs during their home visits take with them all necessary materials, including bag, register, contraceptives, field guide, flash cards, etc.

4. Administrative Responsibilities

4.1 Recommend leave applications of FWAs and recommend/forward other leave applications to AFPO with a copy to UFPO.

4.2 Initiate appropriate disciplinary action, if necessary, for FWAs.

4.3 Approve advance tour schedule of FWAs and forward it to UFPO.

5. Logistics and Supply

5.1 To ensure indenting of contraceptives and their proper distribution to acceptors.

5.2 Report any problems of logistics and supply to AFPO and follow-up for prompt action.

6. Record Keeping and Reporting

6.1 Collect monthly MCH-FP performance and supply and distribute reports from FWAs, compile and arrange timely submission to UFPO.

6.2 Display of information about eligible couples of the union, CPR, MCH-FP monthly performance, FP performance of the individual workers, union map, etc. He/she will ensure regular updating and also use of information by the workers.

6.3 To maintain/circulate minutes of union-level committee meetings.

7. Other Duties

To carry out other duties as assigned by UFPO, MO(MCH-FP), AFPO, SFWV and other higher authorities.

Appendix - B

Guidelines for Supervision of Health and Population Control Program at Field Level

[No. PC/S-2 (Coord). 27/84 161 (100)[7]]

Family Planning Assistant/Assistant Health Inspector

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

1. Number of minimum days of visit in a month: 18 days

2. Number of Centre/Unit to be visited:

3. a) Work of FWA/HA: All workers once in every month

   b) Contact eligible couples villagers: 6 from each ward in every week

4. Where to report: FPO/HI

5. Frequency of reporting: Every month

6. When to report: Within 7th of the following month

7. How to report: As per standard Proforma

8. Checklist for supervision/inspection :

---

[7] Memorandum of the Ministry of Health and Population Control of May 29, 1984 [(Memo No. PC/S-2(Coord)-27/84/161(100)] dated 29.05.1984 containing guidelines for supervision and inspection of the Health and Population Control Programme at the field level.

Field-level Activities

1. Check how many villages and what number of population covered by the field workers?

2. Whether reports/returns are submitted regularly?

3. Check whether the worker gets the supply of contraceptives, drugs, forms, and cards as required.

4. Evaluate the achievement of field level workers. How many couples contacted, how many clients recruited, how many cases referred for MCH services and how many clients referred for tubectomy, vasectomy, IUD, injectables, etc.

5. Evaluate the activities of HA in respect of preventive measures, education on ORT, collection blood slide, distribution of vitamin A capsules, sanitation, G.R. updating, etc.

6. Whether CDP is functioning properly and effectively.

7. Identify the constraints experienced by the field level worker in achieving target if any.

8. Meet a few villagers to ascertain their perception toward services of the field level staff.

9. Meet a few eligible couple/acceptors, whether they are contacted/visited by workers.

FPI Job Description and Guidelines (1984)

Charge of Duties and Responsibilities of Family Planning Assistant/Assistant Health Inspector

[Ref: Memo No. PP-1/2-e-57/81(part)501[8]*]*

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

2. The FPA/AHI will supervise the work of the Field Workers at domiciliary level as per their monthly advance schedule of work. Besides, they will regularly ensure collection of blood slides, execution of immunization programme, recruitment of clients by the Field Workers of Health and Population Control Division.

3. They will ensure proper follow-up of the identified cases of Malaria for treatment and directly assist the Field Workers in spraying DDT.

4. Collect monthly reports of performances of Field Workers and submit the same to their respective supervisors in a consolidated manner.

5. Regularly check the status of availability of MSR, Medicines, Contraceptives and other logistical supplies with the field workers and ensure regularly replenishment of the same.

---

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

6. Monitor motivation and education programmes in the community through mass media and other indigenous techniques. Specially they will ensure regularly and effectiveness of interpersonal contact by field workers.

7. Maintain regular liaison with Union Parishad, voluntary agencies, NGOs, eminent community influential in other to mobilize social support for Health and Family Planning Programme.

8. They will discharge any other responsibility assigned to them by their authorities from time to time.

Appendix - C

TFPO Job Description (1991)

[TFPOs were formerly known as UFPOs]

Responsibilities and Duties

Job Title: Upazila Family Planning Officer

Qualification: Master degree, at least second class.

Rank: Class I/II Gazetted Officer

Duty Station: Upazila

Responsible To: Upazila Chairman (Administrative)
Deputy Director (FP) [Professional]

The Upazila Family Planning Officer, in association with MO (MCH-FP), AFPO and Senior FWV, will be responsible for planning, implementation, supervision and monitoring of the MCH-FP programmes and administration of the staff.

1. Planning and Organization

1.1 To prepare an annual work plan together with other managers of the Upazila toward achieving the MCH-FP targets.

1.1.1 Prepare an annual upazila MCH-FP action plan using the FWA register for local planning to mee the upazila targets.

1.1.2 Prepare a monthly schedule of supervisory visits to FWCs, satellite clinics, and for field-based activities of FPAs and FWAs.

1.1.3 Ensure the preparation of a schedule of union-level satellite clinics.

1.1.4 Prepare a monthly schedule for Family Planning camps as per recommendation of the District Technical Committee and in consultation with the field workers.

1.1.5 Prepare a schedule and act as a member-secretary for Upazila FP Committee.

1.1.6 Attend Upazila MCH Coordination Committee as a member.

1.1.7 Prepare a schedule for attending union level FP committee meetings.

2. Implementation

2.1 To ensure coordination and delivery of MCH-FP Services.

2.1.1 Distribute the yearly and monthly Upazila FP targets.

2.1.2 Make supervisory field visits to FWCs, satellite clinics and monitor the MCH-FP activities of FPA and FWA as per checklists. Where necessary send supervisory visit reports to the Medical Officer, MCH-FP. Collect and collate all MCH-FP programme supervision reports of the Upazila and forward the same to the Upazila Chairman and DD-FP and MIS.

2.1.3 Organize monthly meetings with supervisory staff {MO (MCH-FP/Clinic), Senior FWV and AFPO} to discuss programme performance, problems and possible solutions.

3. Monitoring and Evaluation

3.1 To monitor and evaluate MCH/FP service delivery in relation to MCH-FP targets.

3.1.1 Collect monthly performance and activity reports, identify low performance units, analyze reasons for shortfall of MCH-FP activities and take necessary actions to improve the performance.

3.1.2 Carry out field verification of contraceptive and MCH service users.

4. Information, Education and Motivation (IEM)

4.1 To ensure and actively participate in IEM activities in the field.

4.1.1 Plan, organize and monitor the IEM activities in the field.

4.1.2 Arrange and participate in the MCH-FP promotional activities in the community.

4.1.3 Organize social mobilization through involvement of the local Parishad and Community Leaders.

4.1.4 Ensure training of all field workers on inter-personal communication, use of information, education, and motivation materials, etc.

4.1.5 Ensure procurement and supply of IEM materials.

5. Recording and Reporting

5.1 To ensure recording, use and flow of information in the field.

5.1.1 Distribute all circulars and manuals issued from National Headquarters to all concerned.

5.1.2 Discuss with concerned personnel and contents of the circulars and manuals in relation to MCH-FP programme management.

5.1.3 Coordinate between departmental and NGO workers

5.1.4 Prepare monthly progress report of MCH-FP performance in conjunction with MO (MCH-FP/Clinic) and ensure its transmission of the Upazila Chairman, DD-FP and MIS.

5.1.5 Ensure display of the local targets and service statistics at his/her office and Upazila Parishad.

6. Personnel Management

6.1 To administer, counsel and control staff (AFPOs, FPA and others)

6.1.1 Approve and monitor tour programmes of AFPO

6.1.2 Grant casual leave of AFPO. Recommend earned leave of AFPO, FPA and FWA to DD-FP.

6.1.3 Initiate appropriate disciplinary action against class II, III & IV employees working under him/her.

6.1.4 Write ACR of AFPO and countersign ACRs of FPAs.

6.2 In cooperation with MO (MCH-FP/Clinic), AFPO and Senior FWV, to arrange and participate in essential FWA and FPA training for the enhancement of MCH-FP activities in the Community.

6.2.1 Assess appropriate training needs of subordinate staff, develop training schedule and impart training to them.

6.2.2 Monitor effectiveness of training during supervisory visits.

7. Administration

7.1 To ensure supply, logistics and maintenance of service centres.

7.1.1 Assess the needs for contraceptives, medical and surgical requisites, in consultation with MO (MCH-FP/Clinic).

7.1.2 Forward indent for supplies with his/her and medical officer's (MCH-FP/Clinic) joint signatures and collect supplies.

7.1.3 In coordination with MO (MCH-FP)/MO (Clinic), ensure supply and distribution of all contraceptives, medicines and other equipment to service centres and staff.

7.1.4 Ensure inventory of equipment, furniture and other materials in service centres and arrange for appropriate replenishment, if necessary.

7.1.5 Make monthly verification of Upazila Store and arrange for disposal of expired materials and condemnation/disposal of unserviceable items. Act as the convener of Upazila Survey Committee and be responsible for overall supervision of Upazila Store.

7.1.6 Report to DD and Upazila Chairman the need for maintenance and repair of service centres. Take necessary action in case of loss and theft.

7.1.7 Maintain sale proceeds of condoms through a bank account and report monthly to DD-FP.

7.2 Financial Management

7.2.1 UFPO will act as drawing and disbursing officer of the Upazila Family Planning programme.

7.2.2 Maintain cash book and other financial records.

7.2.3 Ensure draw and disbursement of salaries and TA bills of concerned staff.

7.2.4 Meet audit objection promptly.

7.2.5 Prepare and submit annual requirement of fund in time to NHQ.

7.2.6 Submit quarterly expenditure statements of Revenue and Development Budget to NHQ.

7.2.7 Submit expenditure statements of IUD and sterilization fund to DD for replenishment with copies of Director (Finance).

8. Other Duties

8.1 To organize, supervise, monitor and implement the FWA register in the field.

8.2 Act as the member-secretary for selection of TBA. Ensure the management of TBA training in association with Senior FWV.

8.3 Implement, as per government circular/instructions, any innovative programmes; for example depot-holders programme.

8.4 To carry out any other duties as assigned by the higher authorities.

Appendix - D

Examples of Action Plans

Examples from the Action Plan of Sridharpur and Siddipasha Unions, Abhoynagar

Major Problems	Solutions and Action Plan
• FWA serves a large number of couples • Large work area • FWA area is not covered as there is vacancy, and a new worker cannot be recruited	⧫ Readjustment of worker area to ensure equal distribution of couples between workers ⧫ Prepare age-parity profile and list of high priority couples
• Village quacks against FP, especially injectable contraceptive	⧫ Training of village doctors by MO (MCH)
• Low acceptance in special community groups; FWA also spends less time there; MCH services at a minimum	⧫ Group meetings, especially in conservative areas and special community held by FPI and FPO ⧫ Improved MCH services by organizing more and regular satellite clinics in remote areas
• Lack of confidence and skill of FWA; lower education of the worker	⧫ Educate FWAs in FWC meetings by organizing in-service training ⧫ Ensure FWA spends more time in the field through increased supervision
• Low lying area - problem to cover in monsoon or tide	⧫ Emphasize switch of high parity pill users to more effective methods ⧫ Adjust work schedule and distribution according to seasons
• High dropout rate	⧫ Prepare list of drop-outs and follow by FPI

A Brief History of ICDDR,B

1960	Cholera Research Laboratory established
1963	Matlab field station started
	First of a series of cholera vaccine trials launched
1966	Demographic Surveillance System established
1968	First successful clinical trials of Oral Rehydration Solution (ORS)
1969	Relationship between stopping breast-feeding and resumption of menstruation demonstrated
1971	Independence of Bangladesh
1973	Shift from Classical to El Tor cholera identified
1977	Maternal Child Health and Family Planning interventions began in Matlab
1978	Government of Bangladesh Ordinance establishing ICDDR,B signed
1981	New Dhaka hospital built
	Urban Volunteer Programme initiated
1982	Classical cholera returned
	Field testing of cereal Oral Rehydration Solution began
	Clinical sub-centres established in Matlab
	MCH-FP Extension Project began
1983	First issue of the Journal of Diarrhoeal Disease Research
	Epidemic Control Preparedness Programme initiated
1984	ICDDR,B received UNICEF's Maurice Pate award
1985	Full Expanded Programme of Immunization activities tested in Matlab
	WC/BS cholera vaccine trial launched
1987	ICDDR,B received USAID's "Science and Technology for Development" award
1988	Treatment of and research into Acute Respiratory Infection began
1989	The Matlab record keeping system, specially adapted for Government use, extended to the national family planning programme
1990	The new Matlab Health and Research Centre opened
1992	ICDDR,B-Bangladesh Rural Advancement Committee study commenced
1993	New laboratories built and equipped
	New *Vibrio cholerae* 0139 - Bengal identified and characterized, work on vaccine development began
1994	Twenty fifth anniversary of ORS celebrated
	ICDDR,B epidemic response team goes to Goma to assist cholera-stricken Rwandan refugees, identifies pathogens, and helps reduce mortality from as high as 48.7% to < 1%.
1995	Maternal immunization with pneumococcal polysaccharide vaccine shown to protect infants up to 22 weeks