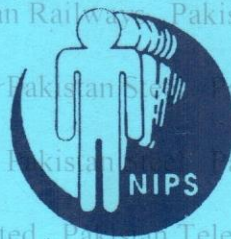


**EVALUATION OF TARGET GROUP
INSTITUTIONS OF POPULATION WELFARE
PROGRAMME IN PAKISTAN**



**NATIONAL INSTITUTE OF POPULATION STUDIES
ISLAMABAD, 2001**

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FOREWORD

Programme components of the Ministry of Population Welfare are evaluated by NIPS to provide a basis for further refinement and improvement in the implementation of the programme. NIPS has evaluated number of components of the Ministry and the input so generated has been used for further refinement of the programme.

The component of TGIs was launched by the Ministry of Population Welfare in the 6th Five Year Plan (1983-1988) to cater for a population that has an existing system of health services. The component, as admitted by the Ministry, is not functioning at its maximum capacity and a research-based input was required to make the necessary amendments for its better functioning. Furthermore, ever since its inception, this component has not been evaluated.

The evaluation was carried out with a view to provide a solid basis for improvement on the part of those at the helm of the affairs. A professionally competent team of NIPS staff was entrusted the task of carrying out the evaluation. The task was accomplished in an extremely short span of time in a professionally conducive environment. In particular, Dr. Abdul Hakim, Project Director, Dr. Hashim Popalzai, Principal Investigator and Mr. Zafar Zahir, Deputy Principal Investigator deserve special commendation for successful conducting the survey and producing this report.

The present evaluation has some invaluable suggestions and inputs to offer for the planners and policy makers, which will form the basis for further improvement of the component.

Ahmad Shamsul Huda
Executive Director

ACKNOWLEDGEMENT

The project entitled 'Evaluation of the Target Group Institutions of Population Welfare Programme in Pakistan' was the first evaluation conducted by the National Institute of Population Studies (NIPS) on the component of TGIs.

We wish to acknowledge all those who were actively involved in the evaluation. Especially to mention here are Mr. Mubashir Baqai, Associate Fellow and coordinator and Mrs. Rabia Ahmad Syed, Research Associate and Coordinator who took active part during the evaluation especially during the field work. We also wish to thank Mr. Faatehuddin Ahamd, Programmer who assisted us in managing the data

We are also thankful to the concerned officers in the Ministry of Population Welfare who were helpful and cooperative in providing all the necessary inputs.

This evaluation could not have been completed without the cooperation of the managers and staff of the TGIs included in the sample. Their valuable inputs in the evaluation are highly commended. We are deeply indebted to Mr. Ahmad Shamsul Huda, Executive Director NIPS who provided all kind of administrative support and directions due to which we were able to implement the project successfully.

**Dr. Abdul Hakim
Dr. Hashim Popalzai
Zafar Zahir**

EXECUTIVE SUMMARY

National Institute of Population Studies (NIPS) conducted an evaluation of Target Group Institutions (TGIs) of the Population Welfare Programme. The component is in place since the Sixth Five-Year Plan (1983-1988) and is continuing. Ever since its inception, the component has never been evaluated. The purpose of this evaluation was to identify the weak links in the working of the component and to suggest measures for improvement.

The evaluation of Target Group Institutions included the interview of the following:

1. Incharge of the Target Group Institutions
2. Incharge of the service outlets
3. Motivators appointed at the service outlets

A two-staged sampling technique was used to select the health outlets. In the first stage, 14 Target Group Institutions were divided into three groups based on the number of health outlets. Group I comprised of those Target Group Institutions having more than 50 health outlets, Group II having 20-50 health outlets and Group III with less than 20 health outlets. In the second stage, the selected number of health outlets were sampled out of these three groups by using systematic random sampling technique. Thus there were eight health outlets from Group I, fifteen from Group II and fourteen from Group III. Out of 37 sampled health outlets, 31 were successfully evaluated. The total number of TGI's managers who were interviewed was 13 along with 13 motivators.

MANAGER'S VIEWPOINT

The managers of the TGIs have shown willingness and commitment to continue implementing the programme of Reproductive Health and Family Planning in their organization. They, however, criticized the role of the Ministry of Population Welfare in many aspects. The first is the lack of collaboration by the Ministry with organizational hierarchy in dealing with the issues of interest for the smooth functioning of the component. The managers have pointed out flaws in the training arranged by the Ministry of Population Welfare. They have stressed the need for on job training to be arranged, as due to the shortage of the technical staff, it was difficult for the organizations to spare the technical staff for the purpose of training. Some of the Managers have criticized the

motivators have actually enlisted the eligible couples. Motivators do provide contraceptives to their clients who visit the health outlets but the element of home visits and follow-up is almost non-existent. This is due to gaps in the initial training, lack of regular refresher training and faulty supervision. The motivators are not trained for the period prescribed for their initial training and probably, due to this shortage of time, the trainers were compelled to focus mainly on issues like provision of contraceptive methods as sole responsibility of the motivators and that too only to those visiting the health outlets. This leaves behind important factors like proper record keeping, motivation, counseling in the areas of Reproductive Health and follow up visits to the client's homes which form the basis of the scheme. Lack of initial as well as refresher training is coupled with low-level supervision, without proper system of supervision and any specified supervisory assignments.

The prescribed age and qualification of motivator need to be reviewed and the maximum age limit may be increased from 40 to 49 years and the qualification should be at least Bachelors' degree instead of matriculation. The Ministry needs to organize a proper and regular system of monitoring and evaluation and not just rely upon the monthly performance reports sent by the motivators. The distribution of contraceptives seems to be not well documented and in the absence of proper record keeping, the distribution appears to be faulty. Moreover, in the absence of proper system of monitoring and supervision, the distribution again becomes questionable.

The motivators also need to have a job satisfaction in having a proper and regular system of receiving their salaries as well as the medical and other facilities available to the employees of the organization in which they are working.

The evaluation of 13 TGIs covered in the sample indicated that except few (such as Pakistan Navy and Pakistan Ordinance Factory Wah), the performance of other TGIs is not up to the mark.

The Target Group Institutions appears to be a neglected component of the Population Welfare Programme. The component has great potential, which can deliver better results with more effort and attention for improving its management by the Ministry. It calls for improving monitoring, supervision and a regular contact between the

CHAPTER 1

INTRODUCTION

The component of Target Group Institutions was introduced as a part to Pakistan's Population Welfare activities during the Sixth Five Year Plan (1983-88). The aim was to include such institutions in the ambit of Population Welfare Programme, which have their own well-placed health care delivery systems. The catchment Population was considered to be receptive, educated and a potential target for the family planning activities. There are 14 institutions included in the component of Target Group Institutions. These institutions employ a work force of over a million who are the potential target of the Population Welfare activities. The organizations have a well-placed health systems having hospitals, dispensaries and mother and child care centers.

1.1 OBJECTIVES OF TARGET GROUP INSTITUTIONS

The main objectives of the component are:

1. Providing Motivators to Target Group Institutions for motivation and counseling for family planning and reproductive health to the clients/patients visiting the health outlets of the Target Group Institutions.
2. Arranging training to Gynecologists, Lady Medical Officers, Male Doctors and Paramedics of Target Group Institutions.
3. Arranging contraceptives for Target Group Institutions outlets

The main duties/responsibilities of a motivator are:

- To provide family planning methods to the clients;
- To provide family planning counseling and motivation;
- To provide knowledge about reproductive health to her clients.

The role of a motivator is visualized as to disburse the contraceptive methods to the potential clients of her area. She also has to motivate the potential clients, impart Reproductive Health education and this is done firstly by enlisting all the eligible couples of her area and then providing counseling and motivation services by the use of Information Education and Communication (IEC) material and by actually visiting their homes.

1.3 MINISTRY'S ROLE

A motivator is an employee of the Ministry of Population Welfare and is paid out of the budget of the Ministry. He/she is also dependant upon her parent organization to provide the necessary contraceptive supplies as well as other support material. He/she also needs help and guidance from the Ministry in the form of training, firstly at the time of initial recruitment and then from time to time as refresher training to update and refresh her knowledge. Ministry's role doesn't end here as supervision of the motivators is a task, which the Ministry is supposed to carry out in order to check, supervise and guide the motivator to perform better. In the Ministry, there is a definite set of designated hierarchy with directorate of NGOs assigned the task of looking after the component of Target Group Institutions.

exaggeration in the targets set by the Ministry and the figure of increasing the motivators from 29 to 500 should be taken with care. This need for realistic target setting, keeping in view the past progress.

1.6 JUSTIFICATION OF THE EVALUATION

The involvement of Target Group Institutions has been in operation since the Sixth Plan period (1983-1988) and no proper study or evaluation regarding the effectiveness of Target Group Institutions (TGIs) for the Family Planning Programme has been undertaken so far. The only source of their evaluation is through their contraceptive performance as reported to the Ministry of Population Welfare. The performance can be judged from the fact that out of 450 out lets working during the Eighth Five Year Plan, only 283 out lets actually reported their contraceptive performance (PC-1 Population Welfare Programme, 1998-2003). Moreover, out of 14 listed institutions, 3 were inactive during the Eighth Plan period. Only four review meetings were held between the heads of Target Group Institutions or their representatives to discuss the operational flaws during the Eighth Plan period. Weaknesses in coordination, monitoring and evaluation as well as in the training/refresher training mechanisms were also identified.

All the above factors lead to the fact that an evaluative study is necessary not only to review the existing working of Target Group Institutions and its link with the Ministry of Population Welfare but also to suggest measures how to improve upon the existing system which has generated a low level performance.

CHAPTER 2

METHODOLOGY AND COVERAGE

2.1 OVERVIEW

This chapter outlines the various aspects of the survey design, the methodology adopted and the implementation of the fieldwork of the survey. Also highlighted is the coverage of the sample.

2.2 METHODOLOGY FOR THE STUDY

The evaluation of Target Group Institutions component included the interview of the following:

Incharge of the Target Group Institution;

Incharge of the service outlet;

Motivator appointed at the service outlet.

2.3 SELECTION OF THE HEALTH OUTLETS

A two-staged sampling technique was used to select the health outlets. In the first stage, 14 Target Group Institutions were divided into three groups on the basis of number of health outlets. Group I comprised of those Target Group Institutions having more than 50 health outlets; Group II having 20-50 health outlets and Group III with less than 20 health outlets. In the second stage, the selected number of health outlets were sampled out of

equal representation in all the units. Each team was assigned a geographical unit to cover. Each team spent one day in each health outlet excluding the travel days.

Each selected service outlet was visited by the NIPS survey team and collected relevant data by interviewing the incharge and other staff members of the service outlet.

2.6 COVERAGE OF THE SAMPLE

Despite our best efforts, both written as well as telephonic, on several occasions, the institution of Pakistan Army could not be included in the survey due to the security clearance by the intelligence agencies, which is a prerequisite for undertaking any such activity in Pakistan Army. Till the writing of this report, Pakistan Army was in the process of completing the formalities of obtaining the security clearance. We were left with no choice but to go on with the survey excluding the institutions of the Pakistan Army.

The overall coverage of the sample is depicted in Table 2.2.

Table 2.2 Coverage of the sample

	Sampled	Interviewed	Covered (%)
Target Group Institution's Head	14	13	92.9
Incharge of the Health Outlet	37	31	82.8
Motivator	14	13	92.9
Total	65	57	87.7

CHAPTER 3

MANAGER'S VIEW POINT

3.1 OVERVIEW

Each of the 14 Target Group Institutions have designated an overall manager to look after the affairs regarding the health and family planning. A list along with addresses of these managers was provided by the Ministry of Population Welfare. It was necessary to get the point of view of the managers so as to see how they view the family planning programme in their organization. A separate module of questionnaire (module 1) was designed for the purpose. So this chapter entails the opinion of the managers of 14 organizations on how the family planning programme is running in their organizations and what is their vision about the future of this programme.

First and the foremost difficulty arose in contacting the managers. The list provided was not update and nearly half of the managers were either transferred or had retired from service. This highlights, the first step in the lack of coordination between the Ministry and the respective Target Group Institutions. The level of contacts between the two ends needs to be established at regular and more frequent intervals.

3.2 OPINION OF THE MANAGERS

The managers of Target Group Institutions consider the family planning programme beneficial for their organizations and have shown their willingness and commitment not

Most of the Target Group Institutions have a limited technical staff at their health outlets and have pointed out that it is not possible to spare any staff for a training arranged by Ministry of Population Welfare, which is usually arranged at different Regional Training Institutes. The solution to the problem has been identified as to arrange on job training for the technical staff.

The procedure adopted by the Ministry of Population Welfare, as pointed out by one of the Target Group Institution's head, is difficult and seems as the Ministry is just doing the paper work without the intention of actually organizing the training. One of the instance quoted by a head of the Target Group Institution is that Ministry often calls for nomination of the officers and when the organization completes the procedural requirement and approve the nomination of the officers, there is no response from the Ministry.

In most of the organizations, no refresher training of the technical staff has been arranged during the last 2-3 years. The heads of the Target Group Institutions have greatly emphasized the need for training and one of the Target Group Institution's head has gone to such an extent that he has offered to extend all the administrative and logistic support for arranging a training for the technical staff as well as the other staff members of his organization.

3.4 SUGGESTIONS FOR IMPROVEMENT:

Few suggestions/recommendations have been proposed by the heads to improve the programme and enhance the efficiency of the motivators and technical staff. These are:

- a) There should be frequent meetings between the heads of the Target Group Institutions and the Ministry to discuss the problems and their solutions for improvement of family planning programme implementation;
- b) More frequent, regular and effective supervisory visits by the concerned authorities whether from the Ministry of Population Welfare or the respective population welfare departments;
- c) Along with the training of the technical staff, seminars and workshops for other staff members and officers about the importance of family planning programme should be arranged. Such seminars and workshops should be arranged in the organizations that have requested for such a training programme;
- d) Ministry of Population Welfare should have a liaison with heads of the Target Group Institutions on the one hand and the incharge of the health outlets on the other. This, coupled with regular routine monitoring and evaluation of the motivators, will definitely improve the performance and efficiency of the programme implementation in the Target Group Institutions.

CHAPTER 4

PERSPECTIVE OF SERVICE DELIVERY OUTLETS

4.1 OVERVIEW OF THE HEALTH OUTLETS OF TARGET GROUP INSTITUTIONS

To get the first hand knowledge about the functioning of the service delivery systems in the Target Group Institutions, the selected health outlets of various Target Group Institutions were visited by the NIPS survey teams. The sample of the health outlets was drawn in a way to be a representative of the fourteen Target Group Institutions which were providing the family planning services.

NIPS teams have focused on the performance of the health service outlets in terms of staff position, number of clients served, training of staff, monitoring by the Ministry of Population Welfare and the problems and suggestions, as narrated by the staff. The incharge of each sampled health outlet was contacted and asked for the relevant information, which was recorded on a pre-designed questionnaire (Module-2). The research findings based on the questionnaire will be discussed in the following sections.

4.2 STAFF POSITION AT THE HEALTH OUTLETS

For the evaluation, the staff strength at each health outlet was examined and is presented in Table 4.1. The data indicates that majority of the health outlets were found with one staff member of different types. That is, half of the health outlets (51.6 percent) were

Type of Staff	Health Outlets					Total Health Outlets
	Number of Staff In Position					
	No Staff	1	2	3	4 and 'more	
Doctor (Female)	29.0	51.6	3.2	6.5	9.7	100.0 (31)
Doctor (Male)	48.4	29.0	16.1	-	6.5	100.0(31)
Gynaecologist	77.4	12.9	3.2	6.5	-	100.0(31)
LHV/ Midwife	51.6	35.5	6.5	-	6.5	100.0(31)
Nurse	77.4	9.7	6.5	-	6.5	100.0(31)
Motivator (Female)	45.2	38.7	16.1	-	-	100.0(31)
Motivator (Male)	90.3	9.7	-	-	-	100.0(31)
Dispenser	87.1	3.2	3.2	6.5	-	100.0(31)
Other Supporting Staff	74.2	12.9	6.5	-	6.5	100.0(31)

Table 4.3 Percent distribution of type of patients who have visited the health outlets by type of patients (July 1999 to June 2000)

Number of Patients	General Health Care	Mother & Child Health Care	Immunisation	Family Planning	All Type of Patients Including Family Planning Clients*
No Patients	6.5 (2)	6.5 (2)	6.5 (2)		-
1-4000	19.4 (6)	22.5 (7)	16.1 (5)		32.2 (10)
4001-10,000	12.9 (4)	6.5 (2)	-		6.5 (2)
10,001 and more	12.9 (4)	6.5 (2)	-		16.1 (5)
Data not available	48.4 (15)	58.0 (18)	77.4 (24)		45.2 (14)
Total	100.0	100.0	100.0		100.0
Total Health outlets	31	31	31		31

Table 4.4 depicts that a very small number of family planning clients have been visiting the health outlets during one-year period (July 1999 to June 2000). It is worth mentioning that nearly half of the health outlets did not have the record of major contraceptives available. The highest numbers of clients were for condom, pill and injection. The clients for IUDs and contraceptive surgery had encouraging results in the health outlets where the data was available.

Table 4.4 Percent distribution of family planning clients who have visited the health outlets by type of method (July 1999 to June 2000)

Number of Clients	Pill	Injection	IUD	Condom	C.S	Foam	Nor Plant
No clients	-	3.2 (1)	3.2 (1)	6.5 (2)	6.5 (2)	12.9 (4)	12.9 (4)
1-250	35.9 (11)	29.0 (9)	29.0 (9)	19.2 (6)	38.7 (12)	-	3.2 (1)
251-500	6.5 (2)	13.0 (4)	9.8 (3)	9.8 (3)	-	-	-
501-750	6.5 (2)	-	3.2 (1)	3.2 (1)	-	-	-
751 and more	3.2 (1)	3.2 (1)	-	6.5 (2)	-	-	-
Data not available	48.4 (15)	51.6 (16)	54.8 (17)	54.8 (17)	54.8 (17)	87.1 (27)	83.8 (26)
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Health outlets	31	31	31	31	31	31	31

There were some other modes of contraceptive supplies that were reported by the staff, which includes FWCs (6.5 percent), some nearby NGO offices (6.5 percent), NRIFC, Karachi (3.2 percent) and PWD, Balochistan (3.2 percent). More than 32 percent of the health outlets did not respond because they did not have either contraceptive supplies (22.6 percent) or the family planning services were not available (9.7 percent).

Satisfaction with the present system of supplies was probed and the data is presented in Table 4.6. The data shows that the incharge of 51.6 percent of the health outlets were found satisfied with the present system, whereas, 12.9 percent were not satisfied and 3.2 percent were not sure about the present system of supplies.

Table 4.6 Percent distribution of health outlets by mode of supplies of contraceptives and satisfaction with the present system of supplies

Supplies of Contraceptives	Health outlets	
	Percent	Numbers
A. Mode of supplies		
1. Supplies from DPWO Office	32.3	10
2. Supplies from Central Warehouse, Karachi	3.2	1
3. Supplies from TGI's Head Office	16.1	5
4. Family Welfare Centre	6.5	2
5. NRIFC, Karachi	3.2	1
6. NGOs	3.2	1
7. PWD, Balochistan	3.2	1
8. No Supplies of Contraceptives	22.6	7
9. No family planning services at the Health Outlet	9.7	3
B. Satisfied with the present system of supplies		
1. Yes	51.6	16
2. No	12.9	4
3. Not sure	3.2	1
4. Health outlets with no supply of contraceptives and non provision of family planning services	32.3	10
Total Health outlets	100.0	31

demonstrations. The participants are the medical professionals posted at different health outlets.

For the evaluation, data was collected about the number of staff who have attended the family planning training during their service. Table 4.8 shows that over a quarter (29.0 percent) of the total Lady Health Visitor/ Midwives have attended such training. This was followed by the incharge of the health outlet (25.8 percent) and the female doctors (22.6 percent), who were posted at such health outlets. The above data clearly shows the poor participation of the staff in family planning training.

Table 4.8 Percentage distribution of health outlets by the type of staff who have attended family planning training arranged by Ministry of Population Welfare

Staff Who Have Attended the Training	Health Outlets	
	Percent	Numbers
1. Incharge of the Health outlet	25.8	8
2. Male Doctor	-	-
3. Female Doctor	22.6	7
4. Lady Health Visitor/ Midwife	29.0	9
5. Nurse	-	-
Total Health Outlets		31

The participation of staff in training programme was further probed by recording the nomination of staff by the administration of respective Target Group Institution. Data presented in Table 4.9 shows the number of nominations of the staff for attending the training. It was found that the staff of about 45.2 percent of health outlets was never nominated by the administration. This was followed by 22.6 percent staff who were nominated one time and 19.4 percent were nominated twice.

Table 4.10 Percent distribution of health outlets by the staff who have attended the family planning training and number of training attended

Family Planning Training	Staff With Health Outlets		
	Incharge Doctor	Other Female Doctor	Lady Health Visitor/Midwife
A. Staff Attended the Training			
1. Yes	25.8 (8)	22.6 (7)	29.0 (9)
2. No	64.5 (20)	54.8 (17)	54.8 (17)
3. Health Outlets without Staff	9.7 (3)	19.4 (6)	16.2 (5)
Total	100.0 (31)	100.0 (31)	100.0 (31)
B. Number of Training Attended			
1	50.0 (4)	57.1 (4)	66.7 (6)
2	25.0 (2)	-	22.2 (2)
3	-	28.6 (2)	-
4	-	14.3 (1)	-
5 and More	25.0 (2)	-	11.1 (1)
Total	100.0 (8)	100.0 (7)	100.0 (9)

The incharge of the health outlet was asked about the needs and requirements of his/her staff about the refresher training on the issue of family planning. Table 4.11 highlights the response where 90.3 percent of the incharge of the health outlets have demanded refresher training for their staff. Thus there is a requirement for refresher training in almost all the Target Group Institutions and the Ministry of Population Welfare should plan out the training programme for different Target Group Institutions.

TABLE- 4.11 Requirement of refresher training reported by the incharge of health outlets

Staff Suggested for Refresher Training	Health Outlets	
	Percent	Numbers
Yes	90.3	28
No	-	-
Not Sure	9.7	3
Total Health Outlets	100.0	31

by the Ministry of Population Welfare. Their responses have been analysed and presented in Table 4.13. The data shows that the Ministry of Population Welfare did not supervise 35.5 percent of the health outlets. This grim situation regarding the supervision highlights a gap between the Ministry of Population Welfare and the Target Group Institutions which is one of the major reason for the low performance of the motivators. The supervision was to be carried out by the personnel from the Ministry of Population Welfare itself or by the respective Provincial Population Welfare Departments. The data shows that about 19.4 percent of the health outlets have been supervised by the district office (DPWOs) and 3.2 percent by the divisional directorates.

During the interview, the incharge of the health outlets have mentioned that the staff of the Ministry of Population Welfare have occasionally been visiting the health outlets. The staff during the interview reported a poor collaboration between the Ministry of Population Welfare and the health outlets. This could be supported by the fact that about 22.6 percent health outlets have not been supervised due to no supply of contraceptives and non-provision of family planning services and another 35.5 percent have never been supervised.

CHAPTER 5

MOTIVATOR'S PERFORMANCE

5.1 OVERVIEW

This chapter entails the analysis of the working of motivators appointed by the Ministry of Population Welfare in different Target Group Institutions. A separate module of questionnaire was designed to carry out this analysis of the working of motivators. The analysis consists of the background characteristics, training aspect, level of delivery of services, supervision of the motivators and the level of satisfaction of the motivators.

5.2 BACKGROUND CHARACTERISTICS

The criteria devised to become a motivator is that he or she should be below 40 years of age having an educational qualification of matric and should preferably be ever-married.

The mean age as calculated for the motivators is 35.23 with the age structure ranging between 24 to 47 years. There were three motivators (23 percent) above the age of 40 and the maximum numbers of motivators were between age 24 to 39 years.

About 92% of the motivators were married and nearly 8 percent reported to be unmarried with no widowed, divorced or separated. As already mentioned, he or she should preferably be ever married so majority of the motivators do fulfill the criterion for marital status. It is always better to appoint an ever-married woman as a motivator because of the fact that an ever-married woman can take up such responsibilities better than an unmarried girl.

motivators are trained in the Population Welfare Training Institutes. The duration of initial training has been reported as not sufficient by 39 percent of the motivators. However, most of the motivators are satisfied with the contents of the initial training. Table 5.2 highlights the aspects of initial training imparted to motivators.

Table 5.2 Percentage distribution of motivators by initial training received, its duration and contents of the training

Indicators	Percent
A. Initial training received	100.0
B. Duration of initial training:	
1. Sufficient	61.5
2. Not sufficient	38.5
C. Contents of initial training were informative	92.3
D. Main areas covered:	
1. Counseling of Family Planning	100.0
2. Contraceptive methods	100.0
3. Reproductive Health	38.5
4. Record Keeping	76.9
Total Staff	13

The main topics of the training include information about the contraceptive methods and counseling of Family Planning methods. Only 39 percent motivators have reported having any knowledge about Reproductive Health as a component of the training. The importance of Reproductive Health, while imparting training, must be stressed upon. Record keeping was another important topic which was reported by 23 percent motivators as not included in their initial training. The record keeping is one of the basic tools a motivator should have been taught and stressed upon. This shows that the main thrust of the training revolves around the Family Planning. The topics like Reproductive Health and Record keeping were given lesser priority during the initial training and as

family planning services as their prime duty where as the consideration for other services takes lesser priority. A similar type of response was also observed while reporting the subjects covered during the initial training. The results of services provided by motivators are shown in Table 5.4.

Table 5.4 Percentage distribution of motivators by type of services provided

Services Provided	Percent
Contraceptive methods	100.0
Motivation/counseling	95.3
Follow-up	92.3
Maternity and Child Health Services	69.2
Total Staff	13

The motivators have shown a poor record keeping. There were two different type of responses observed for almost two similar type of questions. When asked about the maintenance of record, the response was positive in almost 100 percent of cases. But when the motivators were further probed by asking whether they enlist the eligible couples of their area and were asked to show the enlisting, only 39 percent had replied positively (The data is shown in Table 5.5).

Table 5.5 Percentage distribution of motivators by status of record keeping

Record Keeping	Percent
Maintenance of record	100.0
Enlisting of eligible couples	38.5
Visit the clients at their homes	61.5
Total Staff	13

proper system of monitoring and supervision, the system of distribution again becomes questionable.

5.6 INFORMATION EDUCATION AND COMMUNICATION

The motivator who have received the IEC material from the Ministry, termed its use as extremely beneficial for the purpose of motivation and counseling. However, there are suggestions for its improvement. The results are depicted in Table 5.6. The motivators have demanded wall hangings to be made available for use with new and modern techniques inscribed on it.

Table 5.6 Percent distribution of motivators receiving and using IEC material

IEC material	Percent
A. Use of IEC Material	
1. Used	84.6
2. Did not use	15.4
Total	100.0 (13)
B. IEC material useful	
1. Useful	100
2. Not useful	0.0
Total	100.0 (11)

5.7 SUPERVISION

Table 5.7 highlights the supervisory aspect of motivators. It is evident that the supervision of the motivators has left much to be desired. Around 31 percent of the

the Ministry's attitude said that the Ministry of Population Welfare has appointed a motivator and has placed her with us with out taking any further notice.

5.8 LEVEL OF SATISFACTION

The motivators are contract employees with a fixed salary of Rs 2500/- per month. They were inquired about the level of their satisfaction with the working environment, salary and working as contract employees Around 70 percent of the motivators are not satisfied as being a contract employees and 85 percent want an increase in their salary. When asked about the facilities provided at the health outlet, 54 percent have shown their satisfaction while majority of them find the behavior of the staff of the health outlet to be supportive and helpful. The results are depicted in Table 5.7

Table 5.8 Percentage distribution of motivators by the level of satisfaction with their job

Indicators	Percent
As a contract employee	30.8
From present salary	15.4
Facilities provided at the health outlet	53.8
Behavior of the staff	84.6
Total Staff	13

5.9 PROBLEMS/DIFFICULTIES

The motivators were also asked to identify any problem or difficulty they were facing and their response was recorded by the interviewer. There were a variety of problems identified by the motivators which are described here.

CHAPTER 6

SUGGESTIONS AND RECOMMENDATIONS

The Target Group Institutions is a neglected component of the Ministry of population Welfare where the Ministry has paid little attention over the past years. Though the component has a great potential and greater results can be achieved with little effort, yet the component is a least priority area as far as the Ministry's role is concerned. The evaluation has generated certain weaknesses in the component, which, if addressed, can greatly enhance the efficiency and efficacy of the component. The suggestions and recommendations are summarized below:

1. The targets given by the Ministry of Population Welfare seem to be exaggerated and do not show a rational approach on the part of the Ministry. The example cited here is the increase in the number of motivators from 29 at present to 500 by the end of the current Five-Year Plan (1998-2003) is an exaggerated one in as almost half the plan period has elapsed and the number of motivators is still 29. Moreover, only increasing the number of motivators from 29 to 500 without correcting the fallacies of the present system will only add fire to the fury and increase the financial burden without increasing the performance. Another exaggerated target set by the Ministry is the training of 1729 personnel by the end of Ninth Five Year Plan (1998-2003) where as by the end of year 1999-2000, Ministry has imparted training to only 147 personnel.

5. The record keeping by the motivators has not been up to the mark and in fact was below average. Despite the fact that Ministry has provided the printed registers to each motivator, yet the registers were either missing, incomplete or lacked basic information. The motivators seemed inadequately trained in the record-keeping component and there seemed no regular or spot-checking visible from the record.

6. The emphasis should be on enlisting all the eligible couples of the catchment area of the motivator, as this is the only way by which she can keep track of the eligible couples and create demand. All these elements shall be emphasized during the initial training of the motivators and shall be repeated during the refresher training.

7. The incharge of the health outlets should also be included in the overall supervision and day-to-day management of the motivators. One way of including the incharge of a health outlet in the process is to authorize the incharge to sign the Annual Confidential Report of the motivator or alternately, the salary of a motivator should be released upon submission of a certificate by the incharge. This will help the incharge of a health outlet to maintain a day-to-day supervision/monitoring of the motivator appointed at his/her outlet.

8. The incharge of the health outlet should also be trained in monitoring the activities of the motivator. This shall include familiarity with the record keeping and with contraceptive knowledge and new techniques introduced in the field.

13. Most of these organizations have a shortage of technical staff. Due to this shortage, the staff cannot be spared for training arranged outside the organization. Organizations like Pakistan Telecommunication Company Limited and Pakistan Aeronautical complex have requested for in house training for the technical as well as other staff. Ministry should look into the prospects of arranging in house training in organizations, which have a demand for such training.
14. It is also important to appoint motivators with a slightly younger age structure and also preference should be given to ever-married women because the efficiency of ever-married women is better than an unmarried girl.
15. The Ministry should also look into the possibility of enhancing the educational qualification of a motivator. The motivators with at least bachelors or Masters degree should be appointed in TGIs.
16. Another good option is to appoint a para-medic whose advantage is that she can cater for services like injections or Intra uterine Device insertions much more easily than a non-para medic.
17. The present motivators are considered not as effective by most of the organizations mainly because of their low educational background which is just matric.

ANNEXURES



**Evaluation of
Target Group Institutions of Population Welfare Programme
in Pakistan**

**MODULE - 1
INTERVIEW OF THE INCHARGE
OF THE
TARGET GROUP INSTITUTIONS (TGI)**

**National Institute of Population Studies (NIPS)
ISLAMABAD**

Section II

Role of TGIs in Population Welfare Programme

S.No.	QUESTIONS	CODING
201	Name of the Incharge/ staff _____ Designation _____ Academic Qualification 1. Medical Doctor 2. Ph.D 3. Master of Science 4. Master of Arts 5. Graduate 6. Other _____ (specify)	<input style="width: 30px; height: 20px;" type="checkbox"/>
202	Age in completed years Date of Birth <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Day </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Month </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Year </div> </div>	<div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Day </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Month </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Year </div>
203	Period of Service with this TGI. Date of Joining: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
204	Period of Service as Incharge of this TGI? Date of Joining _____	<input style="width: 30px; height: 20px;" type="text"/> Day <input style="width: 30px; height: 20px;" type="text"/> Month <input style="width: 30px; height: 20px;" type="text"/> Year
205	Do you think that Population Welfare Programme is beneficial for your organization? (WRITE THE COMMENTS) 1. Provision of FP services	

S.No.	QUESTIONS	CODING
208	<p>Do you think that your staff needs frequent training on family planning?</p> <p>1. Yes 2. No</p>	<input type="checkbox"/>
209	<p>How many training have been arranged during the year 2000 by M/o Population Welfare in your organization?</p> <p>If no training arranged Skip to Q212</p>	<input type="checkbox"/>
210	<p>Are you satisfied with the level of training arranged by the Ministry?</p> <p>1. Excellent 2. Very Good 3. Good 4. Satisfactory 5. Average 6. Poor 7. Other</p>	<input type="checkbox"/>
211	Your comments on the training component, if any.	
212	How many health outlets are there in your organization? (Number)	<input type="checkbox"/>
213	<p>Is there any need to appoint more motivator in health outlets of your organization?</p> <p>1. Female (Number) 2. Male (Number) 3. Number not mentioned</p>	<input type="checkbox"/>
214	<p>What are your suggestions for the improvement of FP programme implementation in your organization?</p> <p>(WRITE THE SUGGESTIONS)</p> <hr/> <hr/> <hr/>	

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Evaluation of
Target Group Institutions of Population Welfare Programme
in Pakistan

MODULE - 2
SITUATION ANALYSIS OF
HEALTH SERVICE OUTLET

National Institute of Population Studies (NIPS)
ISLAMABAD

Section II

Background Characteristics of The Incharge / staff of the service outlets

S.No	QUESTIONS	CODING
201	Name of the Incharge/ staff _____ Designation _____ 1. Incharge/Doctor 2. Paramedic 3. Other _____ (specify)	<input style="width: 30px; height: 20px;" type="text"/>
202	Age in completed years Date of Birth <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Day </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Month </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> Year </div> </div>	<input style="width: 60px; height: 20px;" type="text"/>
203	Marital status 1. Married 2. Widowed/Divorced/Separated 3. Unmarried	<input style="width: 30px; height: 20px;" type="text"/>
204	Education Level attained 1. Less than Matric 2. Matric 3. FA/Fsc 4. BA/BSc 5. MBBS/BDS 6. MA/M.Sc 7. Other _____ (specify)	<input style="width: 30px; height: 20px;" type="text"/>
205	Period of Service with this TGI. Date of Joining: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> Years <input style="width: 30px; height: 20px;" type="text"/> Month
206	Period of Service with this Outlet? Date of Joining _____	<input style="width: 30px; height: 20px;" type="text"/> Year <input style="width: 30px; height: 20px;" type="text"/> Month

304. Stock position of Contraceptive Methods during July 1999 to June 2000?

Method	30 th Sep 1999	31 st Dec 1999	31 st Mar 2000	30 th Jun 2000
Pill (Cycles)				
Injection (Units)				
IUD (Units)				
Condom (Dozen)				
Foam				
Nor Plant				

305. Did you experience any shortage of Contraceptives during Jan 2000 to June 2000?

Contraceptives	Shortage	
	Yes	No
Pill		
Injection		
IUD		
Condom		
Foam		
Nor Plant		

CHECK Q.305, IF THERE WAS SHORTAGE OF CONTRACEPTIVES,

S.No.	QUESTIONS	CODING
306	<p>Shortage of Contraceptives was observed?</p> <p>1. Yes _____</p> <p>2. No _____ Skip to Q 401</p>	<input type="checkbox"/>
307	<p>In case of shortage, you have contacted to whom?</p> <p>1. Head of this Hospital</p> <p>2. Head of the TGI</p> <p>3. DPWO</p> <p>4. Directorate at Provincial PWD</p> <p>5. Directorate of Central Warehouse</p> <p>6. Directorate of NGO/MPW</p> <p>7. Others _____ (Specify)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
308	<p>Were you able to solve the problem of shortage of contraceptives?</p> <p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>

Section V Training of Staff

S.No.	QUESTIONS	CODING
501.	<p>Has any of your staff member attended the Family Planning Training arranged by Ministry of Population Welfare?</p> <p style="margin-left: 40px;">1. Yes 2. No 3. Training arranged by other Deptt. _____ (specify)</p>	<input type="checkbox"/>

502. Would you kindly give me the details of FP training attended by you and your staff?

Staff	FP training attended		Date of last training	Place of training	Duration (Days)	Number of Training attended
	Yes	No				
Incharge						
Doctor Male						
Doctor Female						
LHV						
Nurse						

S.No.	QUESTIONS	CODING
503	<p>CHECK Q.502, IF THE RESPONDENT HAD ATTENDED FP TRAINING.</p> <p style="margin-left: 40px;">1. Yes 2. No</p>	<input type="checkbox"/>
504	<p>How many times you have been nominated to attend the FP training? _____ (Numbers)</p> <p>If the response is 00 then skip to Q512</p>	<input style="width: 40px;" type="text"/>
505	<p>How many times you were not able to proceed for the training? _____ (Numbers)</p>	<input type="checkbox"/>
506	<p>CHECK Q.505, IF THE RESPONSE IS NON ZERO ASK Q.507, OTHERWISE GO TO Q.508</p>	
507	<p>What were the reasons of not attending the training?</p> <p style="margin-left: 40px;">1. I was not relieved at the time of training 2. It was difficult to stay in other city 3. It was not allowed by family members 4. Others _____ (specify)</p>	<input type="checkbox"/>

Section VI

Role of TGIs in Population Welfare Programme

S.No.	QUESTIONS	CODING
601	<p>Do you think that your TGI is providing necessary help/assistance to you for providing the Family Planning services?</p> <p style="margin-left: 40px;">1. Yes Skip to Q603</p> <p style="margin-left: 40px;">2. No</p>	<input type="checkbox"/>
602	<p>If NOT, what are the hurdles you are facing?</p> <p>(WRITE THE HURDLES)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
603	<p>Are you getting co-operation from other sections of this service outlet?</p> <p>(WRITE THE COMMENTS)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
604	<p>Do you think that the clients are interested in adopting family planning methods?</p> <p style="margin-left: 40px;">1. Yes</p> <p style="margin-left: 40px;">2. No _____</p>	<input type="checkbox"/>
605	<p>What are your suggestions for improving the involvement of TGIs in Population Welfare Programme?</p> <p>(WRITE THE SUGGESTIONS)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
606	<p>If there is a motivator in place, are you satisfied with the services rendered by her at your health out let(Please comment)</p>	

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**Evaluation of
Target Group Institutions of Population Welfare Programme
in Pakistan**

MODULE - 3

**MOTIVATOR OF THE
HEALTH SERVICE OUTLET**

**National Institute of Population Studies (NIPS)
ISLAMABAD**

Section II

Background Characteristics of the Motivator of the service outlets

S.No	QUESTIONS	CODING
201	Name of the Incharge/ staff _____	
202	Age in completed years Date of Birth <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Day </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Year </div> </div>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>
203	Marital status 1. Married 2. Widow/Divorce/Separated 3. Unmarried	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
204	Education Level attained 1. Less than Matric 2. Matric 3. FA/FSc. 4. BA/BSc. 5. MBBS/BDS 6. MA/M.Sc 7. Other _____ (specify)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
205	Period of Service with the Population Welfare Department Date of Joining: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> No. of Years <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> No. of Months
206	Period of Service with this Outlet? Date of Joining _____	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Year <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month

213	<p>In your opinion , do you think the training has been helpful in performing your job?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Not Sure</p>	<input type="checkbox"/>
214	<p>Do you think more frequent refresher training should be arranged by the Ministry of Population Welfare?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Not Sure</p>	<input type="checkbox"/>

S.No.	QUESTIONS	CODING
306	Shortage of Contraceptives was observed in Q. 305? 1. Yes 2. No _____ Skip to Q 309	<input data-bbox="1129 278 1174 325" type="checkbox"/>
307	In case of shortage, to whom you usually make a contact? 1. Head of this Hospital 2. Head of the TGI 3. DPWO 4. Directorate at Provincial PWD 5. Directorate of Central Warehouse 6. Directorate of NGO/M/o PW 7. Others _____ (Specify)	<input data-bbox="1166 640 1211 687" type="checkbox"/> <input data-bbox="1166 687 1211 734" type="checkbox"/> <input data-bbox="1166 734 1211 780" type="checkbox"/> <input data-bbox="1166 780 1211 827" type="checkbox"/> <input data-bbox="1166 827 1211 874" type="checkbox"/> <input data-bbox="1166 874 1211 921" type="checkbox"/> <input data-bbox="1166 921 1211 968" type="checkbox"/> <input data-bbox="1166 968 1211 1015" type="checkbox"/>
308	Were you able to solve the problem of shortage? 1. Yes 2. No	<input data-bbox="1129 1151 1174 1198" type="checkbox"/>
309	Do you receive any IEC material from the Ministry of Population Welfare? 1. Yes 2. No _____ Skip to Q 401	<input data-bbox="1129 1321 1174 1368" type="checkbox"/>
310	Is the IEC material helpful in motivating the clients? 1. Yes 2. No	<input data-bbox="1129 1459 1174 1506" type="checkbox"/>
311	Do you suggest any changes in the IEC material provided to you (Please specify)?	

	1. No such visit 2. No Comments written 3. Comments are: _____ _____ _____	
407	Did the supervisor send his/her feed back to you? 1. Yes 2. No	<input type="checkbox"/>
408	Do you send a monthly performance report to Ministry of Population Welfare? 1. Yes 2. No	<input type="checkbox"/>

OBSERVATIONS OF THE INTERVIEWER:

— _____

— _____

— _____

— _____

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