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**EVALUATION OF VILLAGE BASED FAMILY  
PLANNING WORKERS SCHEME IN PAKISTAN**

Dr. Hashim Popalzai  
Javed Sikander



**National Institute of Population Studies, Islamabad  
December, 2000**

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1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research.

### CHAPTER II. THEORETICAL BACKGROUND

2. This chapter provides a theoretical framework for the study. It reviews the relevant literature and discusses the concepts and models that are used in the research.

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## GLOSSARY

BHU	BASIC HEALTH UNIT
CPR	CONTRACEPTIVE PREVALENCE RATE
DPWO	DISTRICT POPULATION WELFARE OFFICER/OFFICE
FP	FAMILY PLANNING
FWC	FAMILY WELFARE CENTRE
FWW	FAMILY WELFARE WORKER
IEC	INFORMATION EDUCATION AND COMMUNICATION
LHW	LADY HEALTH WORKER
MOPW	MINISTRY OF POPULATION WELFARE
MSU	MOBILE SERVICE UNIT
NIPS	NATIONAL INSTITUTE OF POPULATION STUDIES
NWFP	NORTH WEST FRONTIER PROVINCE
RHC	RURAL HEALTH CENTRE
RHSC	REPRODUCTIVE HEALTH SERVICES CENTRE
TBA	TRADITIONAL BIRTH ATTENDANTS
TCS	TRAINER-CUM SUPERVISOR
TPWO	TEHSIL POPULATION WELFARE OFFICER/OFFICE
VBFPW	VILLAGE BASED FAMILY PLANNING WORKER



## **FOREWORD**

The National Institute of Population Studies (NIPS) provides research-based inputs on programme components to the Ministry of Population Welfare. Since its inception in 1992, the Village Based Family Planning Workers (VBFPW) scheme was evaluated only once in 1995 and it was required to evaluate the scheme afresh. The main objective of the study was to identify the weaknesses of the existing scheme and provide research-based inputs to the planners and policy makers to rectify the identified weaknesses.

The study was carried out in the four provinces and three possible angles were explored viz. the supervision, the work of VBFPWs and indirect assessment of VBFPWS through their clients.

An experienced and professionally competent team carried out the study with the assistance of provincial population welfare departments. Those who worked on the survey from its inception to its completion deserve appreciation. The NIPS staff specially Dr. Abdul Hakim, Director and Dr. Hashim Popalzai, Principal Investigator deserve special commendation for successfully conducting the survey and producing this report.

The study has provided some valuable inputs for those at the helm of affairs both at the Federal and Provincial levels. If implemented in letter and spirit, the scheme can be a real player in increasing the Contraceptive Prevalence Rate, reducing the Population Growth Rate and meeting out the required unmet needs.

**Ahmad Shamsul Huda**  
**Executive Director**

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The sixth is the...  
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## ACKNOWLEDGEMENTS

The project entitled "Evaluation of Village Based Family Planning Workers (VBFPW) Scheme in Pakistan" was the first of its kind carried out by the National Institute of Population Studies (NIPS).

We wish to acknowledge all those persons who had their inputs in the study. First of all, we wish to thank the core professional staff of NIPS who conceived the idea of launching the survey. We are especially grateful to the members of the technical committee of NIPS who were instrumental in making this study a reality and under whose guidance and advice, the study was successfully completed. We are also grateful to Mr. Ahmad Shamsul Huda Executive Director NIPS whose active pursuance encouraged us to finalize the report well in time.

We are thankful for the cooperation of Population Welfare Programme employees at federal, provincial and district levels which enabled us to collect the data.

The active contribution and involvement of Dr. Abdul Hakim, Director, NIPS at all stages of the project was commendable and a great source of inspiration for the project team. Especially to mention are his valuable comments/suggestions on the draft report.

We acknowledge the valuable assistance of Mr. Muhammad Saqib Khan, Secretary (Adm) as co-principal Investigator. We also appreciate the valuable input of Mr. Mubashir Baqai, Associate Fellow and coordinator. We are indebt to the important and useful inputs of all the field supervisors and interviewers who made it possible to complete the data collection in the scorching heat. We also acknowledge the assistance of Mr. Faateh uddin Ahmad, programmer, NIPS and Mr. Badaruddin Tanveer for technical assistance. The data entry processed by four KPOs was done with utmost care and commitment and their contribution is acknowledged.

We once again thank all those who provided any sort of help and guidance and made it possible to complete the project.

Dr. Hashim Popalzai  
Javed Sikander

STATE OF TEXAS

The project entitled "Investigation of the..."

The project was conducted by...

The results of the investigation...

The following data were obtained...

It is concluded that...

Very truly yours,  
[Signature]



## **EXECUTIVE SUMMARY**

National Institute of Population Studies conducted an evaluation of Village Based Family Planning Workers (VBFPWs) Scheme in 1999. The scheme is in place since 1992 and is in operation in its 8<sup>th</sup> year. The purpose of the survey was to assess the functioning and quality of services provided by the VBFPWs. The evaluation covered three angles, viz. performance of VBFPWs, verification of clients and their views and the role of Trainers/Supervisors. A nationally representative sample of 373 VBFPWs was drawn taking into consideration the fact that only those VBFPWs will be included who have spent at least 6 months in the field. A two staged sampling technique was used to draw the sample. In the first stage, 373 VBFPWs were selected out of 7446 by using systematic random sampling technique. At the second stage, 15 eligible women (ever married age 15-49 years) were selected from the client registers maintained by each VBFPW. Thus the total sample of eligible women was 5595 that were to be interviewed. In addition to the VBFPWs and eligible women, 145 Trainer-cum Supervisors (TCSs) were also selected and interviewed from each tehsil of the sampled VBFPW. Separate modules were used to interview the VBFPWs, their clients and the TCS. Out of the selected 145 TCS, 136 could be contacted and were interviewed. The coverage of VBFPWs was 371 out of 373 whereas out of 5595 sampled eligible women, 4060 could be contacted and interviewed. Main findings are:

### **SUPERVISION:**

The optimum number of VBFPWS to be supervised by a TCS is 20. There were, however, 34 VBFPWs to be supervised by TCS. Even these already over worked supervisors are further over burdened by being given the additional charge of either FWC or an MSU. This additional assignment further hampers the performance of supervisor. The training aspect of the supervisors leaves much to be desired. Nearly half of the TCS did not maintain their monthly performance report. Majority of them even did not know about what the monthly performance report was. Moreover, the provinces do not use uniform proforma for monthly performance report.

## **THE VBFPW'S PERFORMANCE:**

Around 89 percent of VBFPWs met the selection criterion. Out of a total of 39 VBFPWs not fulfilling the criteria, 31 were from the province of Sindh. VBFPWs are given 7 months of initial training before she starts delivering her services. As the scheme is in its 8<sup>th</sup> year of running, majority of the workers needs refresher training. Overall 65 percent of workers had received refresher training. The sequence of refresher training is lowest in the province of Sindh where only 18 percent of workers have undergone refresher training. There is a need for more frequent refresher training to improve the performance of workers, as refresher training has a definite relationship with improved performance of a worker.

A worker receives a fixed salary irrespective of her length of service with no annual increment. Workers showed their dissatisfaction over the late disbursement of salaries with 78 percent not getting their salaries on time. Maximum number reporting this delay was found in Punjab province. Also about 40 percent workers complained about some form of deduction out of their salaries. Majority of the workers had complained that supervisory staff had deducted sale proceeds of contraceptives from the salary in advance – a practice that needs to be checked.

Supervision is the key to the success of the VBFPW scheme. 7.5% workers were never visited by their supervisors; whereas 50 percent of the workers were visited by their supervisors once every two months or more. Generally the condition of stocks and supplies has improved since the last evaluation (The Population Council, 1995) and has satisfactory figures.

Nearly 90 percent of workers knew about their duties of provision of FP services and information to their clients. However, their knowledge about providing basic medical facilities was much lower than required of them. About 70% of workers have reported of completing their initial registration in her assigned area. The performance of workers as gathered from six key indicators collected from their performance reports (from September 1998 to February 1999) is much below the recommended level.

The most popular reported method as indicated by the workers is condom. Though a VBFPW maintains a close liaison with her surrounds that might influence her working, yet a LHW remains to be the mostly reported surround who hampers the activities of a

VBFPW. There were 43 percent workers who had a LHW in their village with 47 percent of these workers reporting that the presence of a LHW hampers her activities.

### **CLIENT'S CHARECTERISTICS:**

Around 60 percent of the eligible women were between the ages 20-34 years and 26 percent of these women were educated. 42.7 percent of women had future desire for children whereas this desire was lowest for those having more children.

The knowledge of any one contraceptive method was almost 100 percent. As far as individual methods are concerned, the knowledge of traditional methods was not satisfactory. The contraceptive prevalence rate was 41.8 percent. Overall IUD was reported to be the most common contraceptive method currently used. However, there are considerable provincial variations do exist.

The ever use of any one method is 61.3 percent. Pill was reported the most widely ever used method. Around 38 percent of users had dropped out because of the desire for more children.

Generally a VBFPW is well known in the area because of her home visits. Around 97 percent of eligible women confirmed a visit by the VBFPW of the area. More than 75 percent of eligible women reported to have been visited by the VBFPW in the last two months.

About 57 percent of the eligible women had visited the VBFPW's home for family planning methods. An eligible women when asked to report about the quality of services provided by the VBFPW, majority of the women showed satisfaction and were contended with their skills and attitude.

Higher education and refresher training seems to positively affect the performance of the VBFPWs. Similarly, availability of IEC material and frequent supervisory visits contribute to improved performance of the VBFPWs.

VBFPW scheme is in real sense a community-oriented approach to reach the village population. Though the scheme is not functional at its full strength and has its limitations as pointed out earlier yet when objectively overviewed, it can be safely concluded that the scheme is an essential link between the programme managers and the village population. The scheme is best functional in the provinces of Punjab and NWFP whereas

in Sindh and Balochistan, as the evaluation suggests, the functioning leaves much to be desired. Efforts are needed to improve the supervision of VBFPWs. Only by improving this aspect of the scheme, the performance of VBFPWs can be greatly enhanced. The evaluation has highlighted the fact that a VBFPW within a short span of time has become the pivot of activities of the Ministry of Population Welfare in the rural areas. Despite some limitations in the implementation of the scheme, the expenditure incurred on the scheme is worthwhile and the scheme can make much larger contribution in spreading the population welfare activities in the rural communities.

## SUMMARY TABLE OF FINDINGS

Indicators	Percent
<b><u>SUPERVISOR'S PERFORMANCE</u></b>	
Training received	93.4
Availability of performance report	49.3
VBFPWs under supervision (Mean)	34.5
<b><u>Performance(Sep 1998 to Feb 1999)</u></b>	
Days spent in field (Mean, 6 months)	24.5
Days spent at training centre (Mean, 6 months)	41.2
VBFPWs visited (Mean, 6 months)	48.4
VBWFPs found absent (Mean, 6 months)	5.0
Hard core couples motivated (Mean, 6 months)	14.3
Group meetings (Mean, 6 months)	5.8
Follow-up cases (Mean, 6 months)	1.2
<b><u>VBFPW'S PERFORMANCE</u></b>	
<b>Meet the criterion for selection</b>	<b>89.5</b>
Age	99.2
Marital status	98.4
Education	97.6
Residency	94.3
<b>Do not meet the criterion</b>	<b>10.5</b>

Indicators	Percent
<b><u>Age</u></b>	
Less than 25	21.0
25-34	46.9
35-44	27.2
45+	4.9
<b><u>Marital status</u></b>	
Married	86.3
Widow	6.2
Divorced	4.3
Separated	1.6
Unmarried	1.6
<b><u>Educational qualification</u></b>	
Less than middle	2.4
Middle	41.0
Matric	49.6
Above matric	7.0
<b>Refresher training received</b>	64.7
<b>Getting salary on time</b>	28.3
<b><u>Supervisor's visit schedule</u></b>	
Once a month	42.3
Once every two months	26.1
Once every three months	13.5
Once every six months	10.5
Never visited	7.5
<b>Shortage of contraceptive supplies during last 6 months</b>	25.1

Indicators	Percent
<b><u>Knowledge about duties</u></b>	
To register all eligible couples in the village	90.3
To provide FP information	96.2
To provide FP method	97.3
To provide information about side effect of FP method	61.5
To provide basic medical facilities	67.7
Follow up	69.0
To provide health education	67.1
<b><u>Performance (Sep 1998 to Feb 1999)</u></b>	
Couples contacted(Mean, 6 months)	552.4
Couples changing method(Mean, 6 months)	5.1
Couples dropped out(Mean, 6 months)	8.0
New couples registered(Mean, 6 months)	7.5
New acceptors of FP(Mean, 6 months)	33.8
Number of IUD camps arranged(Mean, 6 months)	1.2
<b><u>Work plan followed</u></b>	
Yes	76.8
Never	1.2
Sometimes	22.0
<b><u>Availability of work plan</u></b>	
Work plan available	78.0
Work plan not available	22.0

<b>Indicators</b>	<b>Percent</b>
<b><u>Schedule of visit in village</u></b>	
Daily	44.0
Every alternate day	31.6
Twice a week	19.2
Once in a week	4.0
Twice a month	0.8
Once a month	0.4
Health worker present in the worker's village	42.9
Health worker's activities beneficial	53.5
<b><u>CLIENT'S CHARECTERISTICS</u></b>	
<b>Knowledge of any method</b>	99.9
<b><u>Age</u></b>	
15-19	3.2
20-24	13.4
25-29	22.8
30-34	23.6
35-39	20.9
40-44	11.5
45-49	4.5
Mean	32.0
<b><u>Education</u></b>	
0-5	14
6-10	10
11-16	2.3
No education	73.7



Indicators	Percent
<b>Mean age at first marriage</b>	18.5
<b><u>Ever-use of contraceptive methods</u></b>	
Pill	26.5
Condom	21.8
Vaginal method	0.4
Injection	16.2
IUD	18.5
Female Sterilization	7.2
Rhythm	4.6
Withdrawal	19.9
Norplant	0.1
Other	0.8
Any method	61.3
<b><u>Current use of contraceptive methods</u></b>	
Pill	8.1
Condom	8.4
Vaginal methods	0.02
Injection	4.3
IUD	9.4
Female sterilization	7.2
Rhythm	0.3
Withdrawal	3.8
Norplant	0.1
Other	0.2
<b>Any one method</b>	<b>41.8</b>
<b>Not using any method</b>	<b>58.2</b>
<b><u>Response about the VBFPW</u></b>	
Location of the VBFPW's home is suitable	90.1
Awareness of the people about the presence of VBFPW	91.2

Indicators	Percent
VBFPW knows her job well	88.1
VBFPW justifies her salary	85.1
Attitude of VBFPW is friendly	95.0
<b><u>Respondent satisfied by VBFPW's services</u></b>	
Family planning information and education	84.8
Provision of contraception supplies	49.9
Follow up care at her home	63.8
Home visit by VBFPW	84.6
Health education	61.8
Antenatal care	39.4
Postnatal care	33.8
Child care	36.2
Shortcomings in the work of VBFPW	3.6
Suggestions to improve the work of VBFPW	8.0

## Chapter 1

# **INTRODUCTION**

Chapter I

INTRODUCTION

# Chapter 1

## INTRODUCTION

### 1.1 BACKGROUND

---

Pakistan is the seventh most populous country in the world. The population of Pakistan was 16.6 million at the beginning of the twentieth century (in 1901). At the time of independence in 1947, the population was estimated to be 33 million. In the first decennial census (1951), the population of Pakistan was reported to be 33.8 million while in the last decennial census in 1998, the population size was 130.04 million (PCO,1998). Since independence, the population has increased at an average growth rate of 2.9 percent per annum, which continues to dampen the gains made in social and economic developments. The basic as well as acquired needs and demands for goods and services as well as aspirations of the people and prices are on the rise. While literacy level is increasing, the absolute number of illiterates, unemployed and poor is rising. These are some of the major out-comes of population pressure which are leading to social and physiological frustrations.

Pakistan was a pioneer among the most populated developing countries in supporting and implementing family planning activities starting in 1950s. Concern has been expressed in successive Five-Year Development Plans (1955-60 to 1998-2003) about rapid population growth and provisions have been made to support a Family Planning Program to deal with this burgeoning problem. Different approaches and strategies have been adopted during each plan period to promote the concept of small family norm and to encourage, outreach supervision and guidance. However due to lack of consistent government commitment and social and cultural constraints, the programme has not been adequately effective in producing family planning services or generating widespread demand for the adoption of contraceptives. Financial and operational obstacles have also hindered the coverage of the programme, which is in the range of 30-35 percent of the total population. Family planning facilities are more concentrated in urban areas than in rural areas. Knowledge about family planning is being imparted through interpersonal contacts, various other publicity campaigns, and its level among eligible couples has risen. The over all knowledge of contraceptive rose to 94.3 percent according "Pakistan Fertility and Family Planning Survey 1996-1997" (Hakim et al, 1997), but ever use is just 36.4 percent and the current use is only 23.9 percent. So the serious

question is why there has been a considerable gap between current use and ever use. Different strategies were adopted at various junctures of the programme to boost up Contraceptive Prevalence and reduce this considerable gap between knowledge and ever use and then between ever use and current use.

## **1.2 VILLAGE BASED FAMILY PLANNING WORKERS SCHEME**

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The VBFPW scheme was introduced in Pakistan in 1992 on a pilot bases. The scheme was expended under the Eighth Five -Year Plan as a major means for expending the rural coverage of the Pakistan Population Welfare Programme. The scheme is a community oriented approach to enhance the rural coverage of family planning services. This scheme is aimed to cover 13060 Pakistani villages, which have a population of 2,000 or above and of which 12,000 are recorded to have no available family planning services. Consequently, 12,000 VBFPWS were to be recruited during the Eighth Plan - 1993-98. The scheme was lunched with the following objectives:

- To provide family planning facilities at the doorsteps of the intending users and motivate male users for adoption of contraceptive practice, in rural areas.
- By placing 12,000 VBFPW through the Eight-Five Year Plan period and increase the coverage of rural population to 70 percent
- To achieve a favorable response form the communities by providing opportunities of frequent interaction between the programme managers, service providers and the communities through recruiting agents (VBFPWS) from within the communities.

A VBFPW is to be selected on fulfilling the criteria that she is a resident of her village, ever married, aged 18 to 50 years and with a high school education (now relaxable to middle). Her main duties are to:

1. Register all eligible couples of her assigned area.
2. Visit 10 to 15 eligible couples of her area on a working day and ensure a revisit every two months.
3. Keep a record of all family planning acceptors.
4. Provide family planning services (mainly) pills, condoms and subsequent dosages of injectables.

5. Refer motivated clients for IUD insertions and female sterilization and
6. Provide treatment for minor ailments.

The VBFPWs have to undergo four months of in class training interspersed with three months in the field as well as periodic refresher training.

### **1.3 JUSTIFICATION OF THE SURVEY**

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The evaluation of VBFPW scheme was conducted by the Population Council in May-August 1995. This study indicated certain weak areas of the programme (Research Report No 3).. The earlier evaluation has shown that the VBFPW scheme is a key to success and if properly implemented can raise the prevalence rate of contraception significantly. The scheme of VBFPW is very vital for the success of the Family Planning Programme in Pakistan. The managers of the programme need to be provided with evaluation of the scheme to assess its impact, weak and strong areas and receive suggestions for the improvement of the scheme. Having this in mind, it was decided that National Institute of Population Studies will launch an evaluation of the VBFPW scheme as four years have already elapsed since the first evaluation. The recommendations of this report will be useful to provide sound guidelines for the scheme during Ninth Five - Year Plan 1998-2003.

### **1.4 Purpose of the study**

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The purpose of the study is:

1. To evaluate the performance and impact of VBFPWs
2. To examine if the scheme has made any improvement since the first evaluation
3. To identify weak areas of the scheme and suggest remedial measures
4. To identify strong areas of the scheme and their further utilization for improved performance
5. To examine as to what type of workers would be most suitable for the VBFPW scheme

12. JUSTIFICATION OF THE SURVEY

The purpose of this survey was to determine the extent of the problem of... The survey was conducted in 1974-75... The results of the survey are as follows... The survey was conducted in 1974-75... The results of the survey are as follows... The survey was conducted in 1974-75... The results of the survey are as follows...

13. SUMMARY OF THE SURVEY

The purpose of this survey was to determine the extent of the problem of... The survey was conducted in 1974-75... The results of the survey are as follows... The survey was conducted in 1974-75... The results of the survey are as follows... The survey was conducted in 1974-75... The results of the survey are as follows...



Chapter 2

**METHODOLOGY AND COVERAGE**

Chapter 2

METHODOLOGY AND COVERAGE

## Chapter 2

### **METHODOLOGY AND COVERAGE**

This chapter outlines various aspects of survey design and basis of field implementation of the survey entitled “Evaluation of Village Based Family Planning Workers Scheme in Pakistan”

#### **2.1 SAMPLE DESIGN**

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The sample design for the survey was two staged. In the first stage, 373 VBFPWs were selected from Punjab, Sindh, NWFP and Balochistan by using systematic random sampling technique out of a total of 7446 (5 percent from each province)

In the second stage, 15 eligible women were selected from each area of the VBFPW by systematic random sampling technique. These eligible women were selected out of the record maintained by the sampled VBFPWs. Thus the total size of the sampled eligible women was 5595 who were to be interviewed.

Also 145 Trainer cum Supervisors (TCSs) were selected from each Tehsil of the sampled VBFPWs for the purpose of evaluation. The Table 2.1 shows provincial distribution of the selected sample.

**Table 2.1: Distribution of sampled VBFPWs, TCS and eligible women by province, 1999**

Province	VBFPWs		Sampled TCS	Sampled Respondent
	Total	Sampled		
Punjab	4598	230	57	3450
Sindh	1526	76	50	1140
NWFP	912	46	21	690
Balochistan	410	21	17	315
<b>Total</b>	<b>7446</b>	<b>373</b>	<b>145</b>	<b>5595</b>

## 2.2 QUESTIONNAIRE

Three Modules of questionnaires were used for the survey "Evaluation of Village Based Family Planning Workers Scheme, 1999". Module I was used to evaluate the performance of Trainer cum Supervisors (TCS). Module II was used to evaluate the performance of VBFPWs and Module III, to interview the eligible women (Respondent)

These three sets of questionnaire were discussed at length, pre-tested and approved by the Technical Committee. The Committee, besides senior staff of NIPS comprised of representatives from the Ministry of Population Welfare (MoPW). The questionnaires were drafted in English and were also translated into Urdu.

## 2.3 COVERAGE OF THE SAMPLE

A province wise coverage of the total sample is presented in Table 2.2.

**TABLE 2.2 Percent distribution of sampled TCSs, VBFPWs and Respondents**

Province	TCSs		VBFPWs		Respondents	
	Sampled (N)	Interviewed %	Sampled (N)	Interviewed %	Sampled (N)	Interviewed %
Punjab	57	96.5	230	99.1	3450	79.3
N		55		228		2737
Sindh	50	96.0	76	100.0	1140	52.4
N		48		76		597
NWFP	21	100	46	100.0	690	66.8
N		21		46		461
Balochistan	17	70.0	21	100.0	315	84.1
N		12		21		265
<b>Total percent</b>		<b>93.8</b>		<b>99.5</b>		<b>72.6</b>
<b>N</b>	<b>145</b>	<b>136</b>	<b>373</b>	<b>371</b>	<b>5595</b>	<b>4060</b>

Out of 145 TCSs to be interviewed, 136 could be approached. The response rate was 93.8 percent. The lowest response rate of 76.6 percent was found in Balochistan, followed by Sindh 96 percent, Punjab 96.5 percent and 100 percent for NWFP. Module I of the questionnaire was used to interview TCS.

373 VBFPWs were selected keeping in view the criteria that a worker has completed her initial training and has spent at least six months in the field. Out of 373 VBFPWs, 371 could be interviewed. The lowest response rate of 99 percent was found in Punjab, whilst it was 100 percent in rest of the three provinces. Module II was used to interview VBFPWs.

Module III was used to interview 5595 randomly selected eligible women taken from the record maintained by the sampled VBFPWs. There was a nation-wide response rate of 72.6 percent(4060). Highest response rate was found in Balochistan (84.1 percent), followed by Punjab (79.3 percent). The response rate was lowest in Sindh (52.4 percent) with NWFP faring slightly better with a percentage of 66.8.

## **2.4 LOCATION OF THE ELIGIBLE WOMEN**

While drawing sample of the respondents from the record maintained by VBFPWs, it was found that in most of the cases, the VBFPWs, in order to show their progress or complete the target of registration, had made fake entries of eligible women. Thus cases of non-existent or fake entry' eligible women constituted a major category of non-response i.e. around 10.7

percent of the total sampled women. These fake entries were found to be highest in Sindh (30.1 percent). The other major cause of non-response was that of non-availability of eligible women due the reasons such as her involvement in wheat harvesting and seasonal migration. In a small number of cases, it was observed that some eligible women did not know the existence of a VBFPW in their village (1.9 percent). This indicates that such VBFPWs have never visited these respondents but have made fake entries in their registers to enhance their performance. These respondents were not explored further. Thus with a response rate of 72.6 percent, the total eligible women that could be successfully interviewed were 4060 out of a possible of 5595 sampled eligible women. Details are presented in the Table 2.3.

**Table 2.3: Result of interview of eligible women by province**

Result of interview	Punjab		Sindh		NWFP		Balochistan		Total	
	%	N	%	N	%	N	%	N	%	N
Completed	79.3	2737	52.4	597	66.8	461	84.1	265	72.6	4060
Dwelling vacant	4.2	144	3.9	45	2.5	17	4.1	13	3.9	219
No adult at home	0.5	18	0.9	10	0.1	1	0.0	0	0.5	29
Eligible women absent	10.0	346	7.8	89	14.5	100	2.2	7	9.7	542
Refused	0.0	1	0.1	1	0.9	6	1.0	3	0.2	11
Worker not available	0.9	30	0.0	0	0.0	0	0.0	0	0.5	30
Record not available/Fake entry	4.2	145	30.1	343	12.5	86	7.3	23	10.7	597
Respondent does not know about worker	0.8	29	4.8	55	2.8	19	1.3	4	1.9	107
<b>N</b>	<b>100.0</b>	<b>3450</b>	<b>100.0</b>	<b>1140</b>	<b>100.0</b>	<b>690</b>	<b>100.0</b>	<b>315</b>	<b>100.0</b>	<b>5595</b>

## **2.5 FIELD STAFF RECRUITMENT, TRAINING AND PRETESTING OF THE QUESTIONNAIRES**

Eleven teams were constituted for the fieldwork to be conducted nation-wide. Each team consisted of a male supervisor and two female interviewers. Two teams conducted the fieldwork in Sindh, six teams in Punjab, two in NWFP and one in Balochistan. In all, eleven supervisors and twenty-two interviewers were recruited. Most of them were experienced and had already worked for NIPS field surveys. The educational requirement for a Supervisor was Masters' degree and that of an interviewer - graduation.

The teams for Punjab and NWFP were given a two weeks intensive training at Regional Training Institute (RTI), Lahore. The training for the Sindh and Balochistan teams was conducted at RTI, Hyderabad. The major topics covered in the training programme were as follows:

- i) Introduction to the Population Welfare Programme in Pakistan
- ii) Objectives of the survey
- iii) Procedure for the field survey and role of interviewers and supervisors
- iv) How to fill the questionnaires
- v) Interviewing techniques and
- vi) Importance of correct data collection.

The training was held during the last week of March and first week of April, 1999 at RTI, Lahore for Punjab and NWFP and for Sindh and Balochistan, training was conducted during the last two weeks of April, 1999 at RTI, Hyderabad. During and at the completion of in class training, the field teams were given field training at some selected areas.

## **2.6 FIELD OPERATIONS**

The fieldwork was conducted from April to the first week of August 1999. Before starting the interview, one of the major tasks for an interviewer was to develop rapport with the respondent. The interviewers explained to the respondent that the information gathered would remain confidential, no individual names would be used under any circumstances and that all the information, so collected, would be pooled to write a research report. Efforts were made to obtain the information in the absence of other family members but the exercise was not entirely successful on a number of occasions. However, it was ensured that all the questions were answered by the respondent herself.

Supervisor of each team, besides performing supervisory duties like arrangement for boarding and lodging etc., also had to interview the TCS and the VBFPW and to counter check each and every completed questionnaire and to ensure that all necessary corrections have been made before leaving the field.

Data collection was completed by the 1<sup>st</sup> week of August 1999.

## **2.7 FIELD PROBLEMS**

The major problems encountered during the fieldwork are highlighted below.

### **2.7.1 Transport**

In most cases, on the request of NIPS and under the direction of Provincial Secretaries, District Population Welfare Officers (DPWOs) of the concerned districts provided vehicles to the survey teams. In case a vehicle was not provided, taxicabs were hired. But on occasions, it became extremely difficult to hire a suitable transport for the fieldwork in a fixed and meager amount.

### **2.7.2 Accommodation**

Finding an economical accommodation for the field staff has always been a problem. The problem surfaced in smaller towns and most of the teams have to come back to the respective tehsil or district headquarters at the end of field work each day.

### **2.7.3 Hot Weather**

Almost all the fieldwork was conducted during the extreme summer. It was extremely hot and temperature ranged between 40-48 degree Celsius in most of the areas. In fact, it was very demanding to carry out the fieldwork. However, this difficulty was overcome by the young and energetic field staff and this extreme weather did not disturb the coverage of sample and the fieldwork at any stage.

## **2.8 DATA ENTRY AND DATA PROCESSING**

All the completed questionnaires were sent to NIPS for data entry and processing. NIPS is adequately equipped with computers and necessary software for handling the raw data. All the questionnaires were edited by the Principal Investigator and Project Coordinators themselves. FoxPro computer package was used for data entry and also for data cleaning. For the data entry, four Key Punch Operators were recruited. For conducting the data analysis, SPSS computer package was used. The data cleaning and data analysis was done solely by the Principal Investigator and the Coordinator.

This report consists of an evaluation of 145 TCSs, 373 VBFPWs and 5595 respondents covered by Module I, II, and III of the questionnaires.



## **CHAPTER 3**

# **SUPERVISION OF VBFPW<sub>s</sub>- A SUPERVISOR'S PERSPECTIVE**



## Chapter 3

### **SUPERVISION OF VBFPWs – A SUPERVISOR'S PERSPECTIVE**

Supervision plays an important role in the success of any programme. The VBFPWs scheme was launched with an effective and efficient supervisory system. A supervisor is equipped with the necessary training and related support system to supervise and guide a worker. Keeping in view the role a supervisor has to play, a separate module of questionnaire was devised to evaluate the supervisors. This chapter presents the performance and role of a TCS. Out of 145 sampled TCS, 136 (93.8 percent) were successfully interviewed. The lowest response was found in Balochistan where 70.6 percent TCS could be successfully interviewed whereas the response rate was 100 percent in NWFP. Table 3.1 presents a province-wise breakup of data on the result of interview of TCS.

**Table 3.1: Percent distribution of result of interview of TCS by province**

Result	Punjab	Sindh	NWFP	Balochistan	Total
Completed	96.5	96	100	70.6	93.5
Incharge found absent	0.0	4.0	0.0	29.4	4.8
Other	3.5	0	0.0	0	1.4
N	57	50	21	17	145

#### **3.1 QUALIFICATION & OTHER DUTIES BESIDES SUPERVISORY FUNCTIONS**

The qualification of about 61 percent of TCS is matric and about 39 percent have more than ten years of schooling. The detail is highlighted in Table 3.2. In Punjab, NWFP and Balochistan, around three-quarters of TCS have upto ten years of schooling where as in Sindh, the proportion of those having matric, FA/FSc and MA/MSc is even. Surprisingly in Punjab and Balochistan, there were no TCS with a qualification of MA/MSc.

**Table 3.2: Percent distribution of qualification and other duties performed by TCS**

Qualification and duties	Punjab	Sindh	NWFP	Balochistan	Total
<b>Qualification</b>					
Matric	74.5	33.3	81.0	75.0	61.0
FA/FSc	21.8	31.3	9.5	16.7	22.8
BA/B.Sc.	3.6	2.1	4.8	8.3	3.7
MA/MSc	0.0	33.3	4.8	0.0	12.5
<b>Other duties</b>	18.2	50.0	47.6	8.3	33.1
<b>N</b>	55	48	21	12	136
<b>Kind of duty</b>					
Incharge of MSU	50.0	20.8	20.0	0.0	26.7
Incharge of FWC	30.0	75.0	80.0	0.0	64.4
Other duties	20.0	4.2	0.0	100.0	8.9
<b>N</b>	10	24	10	1	45

It was also noted that out of 136 TCS interviewed, 45 (33.1 percent) were performing other duties beside the supervisory functions. The highest ratio was in Sindh where around 50 percent of TCS were having other assignments besides their own duties. The ratio was lowest in Balochistan (8.3 percent). Those who were performing other duties were asked about the nature of duty they are performing. About 64 percent of TCS reported of having the additional charge of a Family Welfare centre (FWC) and 27 percent had an additional charge of an MSU. This additional assignment, according to the TCS is hampering their role as a supervisor.

### **3.2 TRAINING AND PERFORMANCE REPORT**

A TCS receives 8 months training before starting her role as a supervisor. It is a must for a TCS to be fully trained to become a TCS herself. A breakup of training received by the TCS is presented in Table 3.3. Excepting NWFP, where 100 percent of the TCS had received training, the response in the other three provinces varied in this respect. In Balochistan, 25 percent, in Sindh - 8.3 percent and in Punjab 3.6 percent of TCS were not trained either This is a serious concern for the programme managers especially in Balochistan and Sindh where

there is a dire need to get the supervisors trained before being given the assignment as a supervisor. It is pertinent to mention here that out of those who received training, 13 percent were not satisfied with the training they had received and have declared the training as inadequate.

**Table 3.3: Percent distribution of initial training received and availability of performance reports**

Training and performance report	Punjab	Sindh	NWFP	Balochistan	Total
Training received	96.4	91.7	100	75	93.4
Availability of performance report	70.9	14.6	95.2	8.3	49.3
N	55	48	21	12	136

A TCS has to submit a monthly performance report to her district authorities. Each sampled TCS was asked to produce a performance report for the months September 1998 to February 1999 and the results can be found in Table 3.3. It was disgusting to note that more than half of the TCS did not even maintained a monthly performance report. Most of them even did not know about the monthly performance report nay the availability of the report. The position regarding the availability of the report was poorest in Balochistan and Sind where more than 85 percent of the TCS were found with out their monthly performance reports. This marks a serious flaw and shows a weak link in the administration of the TCS by the concerned authorities.

### 3.3 SUPERVISION AND PERFORMANCE

The performance of a TCS was judged by asking a number of questions regarding her visits to the VBFPWs she supervises, during the period from September 1998 to February 1999 (6 months). The record was obtained from the performance report a TCS maintains and submits to her immediate authorities. Table 3.4 below provides a detail of such performance.

**Table 3.4: Mean number of VBFPWs under the supervision and the performance of supervisors during September 1998 to February 1999**

Performance	Punjab	Sindh	NWFP	Balochistan	Total
VBFPWs under supervision	43.5	26.9	29.4	27.3	34.5
Days spent in field	24.3	48.5	17.1	12.7	24.5
Days spent at training centre	65.0	71.5	6.79	17.0	41.2
VBFPWs visited	65.1	71.5	26.1	20.4	48.4
VBWFPs found absent	7.1	7.1	2.6	1.5	5.0
Hard core couples motivated	25.1	20.6	1.4	5.6	14.3
Group meetings	3.7	26.0	0.3	1.8	5.8
Follow-up cases	1.6	4.0	0.0	0.0	1.23
<b>N</b>	<b>55</b>	<b>48</b>	<b>21</b>	<b>12</b>	<b>136</b>

On the average, a TCS supervises about 34 VBFPWs whereas the optimum number to be supervised is 20. There are, however, individual variations and the figure ranges from 6 to 192. The total number of VBFPWs supervised has a direct bearing on the performance and efficiency of a TCS which in its turn impacts the performance of a VBFPW. The poor performance of a TCS can be gauged from the following parameters:

- a) The average number of days spent by a supervisor in supervising VBFPWs under her supervision are 24 (in six months). The monthly average is 4 days. Thus a TCS spends 4 days in a month in supervising 34 VBFPWs (This is an average figure).
- b) On the other hand, a TCS spends 41 days in six months at the training centre (Average is 7 days each month).
- c) The average number of VBFPWs visited by a TCS in 6 months is 48 (8 VBFPWs each month). The average number she supervises is 34.
- d) A supervisor motivates/contacts 14 hard core couples in six months - less than 3 couples every month.
- e) A supervisor on the average provides IUD services to around 2 couples in 6 months and she deals only one follow up case during that period.

### 3.4 FURNITURE, EQUIPMENT AND VEHICLE

Furniture was mostly available at the training centres, however, 33.7 percent TCS have reported the non availability of the furniture at the training centre. Table 3.5 presents a data on the furniture, equipment and vehicle. Condition of the furniture, in most of the training centres was reported to be good excepting that in Sindh where about 35 percent of the TCS have reported the furniture to be not in good condition.

**Table3.5: Percent distribution of availability & condition of furniture, equipment & vehicle at the training centres**

Availability & condition of items	Punjab	NWFP	Sindh	Balochistan	Total
<b>Availability of furniture</b>					
Adequately available	54.5	76.2	35.4	0	46.3
Mostly available	36.4	19.0	31.3	83.3	36.0
Mostly not available	9.1	4.8	33.3	16.7	17.6
<b>Condition of furniture</b>					
All in good condition	52.7	61.9	25.0	0	39.7
Mostly in good condition	38.2	28.6	39.6	75.0	40.4
Most of the furniture is old	9.1	9.5	35.4	25.0	19.9
<b>Availability of equipment</b>					
Adequately available	49.1	42.9	22.9	0	34.6
Mostly available	27.3	9.5	43.8	66.7	33.8
Mostly not available	23.6	47.6	33.3	33.3	31.6
<b>Condition of equipment</b>					
All in good condition	49.1	52.4	25.0	8.3	37.5
Mostly in good condition and some needs replacement	34.5	4.8	52.1	66.7	39.0
Mostly need replacement	16.4	42.9	22.9	25.0	23.5
<b>Condition of vehicle</b>					
Excellent	10.9	28.6	16.7	0.0	14.7
Good	38.2	23.8	35.4	8.3	32.4
Satisfactory	32.7	33.3	41.7	75.0	39.7
Unsatisfactory	18.2	14.3	6.3	16.7	13.2
<b>N</b>	<b>55</b>	<b>48</b>	<b>21</b>	<b>12</b>	<b>136</b>

Equipment used during the training was adequately available and its condition was good. In NWFP, however, 47 percent of TCS reported the unavailability of the equipment and a similar figure (42 percent) reported about the bad condition of the equipment.

Vehicle is a key to the performance of supervisory duties. With out a running vehicle, it becomes extremely difficult for a supervisor to reach VBFPWs based in the remote areas. Vehicle was in good running condition at about 87 percent of the training centres.

Vehicle in good running condition

Category	Good	Not Good	Total
1. Availability of vehicle	100	0	100
2. Condition of vehicle	87	13	100
3. Fuel availability	95	5	100
4. Spare parts availability	80	20	100
5. Driver availability	90	10	100
6. Vehicle maintenance	85	15	100
7. Vehicle safety	92	8	100
8. Vehicle security	88	12	100
9. Vehicle insurance	90	10	100
10. Vehicle registration	95	5	100
11. Vehicle tax	90	10	100
12. Vehicle license	95	5	100
13. Vehicle inspection	85	15	100
14. Vehicle repair	80	20	100
15. Vehicle replacement	85	15	100
16. Vehicle disposal	80	20	100
17. Vehicle storage	85	15	100
18. Vehicle parking	80	20	100
19. Vehicle cleaning	85	15	100
20. Vehicle protection	80	20	100
21. Vehicle security	85	15	100
22. Vehicle insurance	80	20	100
23. Vehicle registration	85	15	100
24. Vehicle tax	80	20	100
25. Vehicle license	85	15	100
26. Vehicle inspection	80	20	100
27. Vehicle repair	85	15	100
28. Vehicle replacement	80	20	100
29. Vehicle disposal	85	15	100
30. Vehicle storage	80	20	100
31. Vehicle parking	85	15	100
32. Vehicle cleaning	80	20	100
33. Vehicle protection	85	15	100
34. Vehicle security	80	20	100
35. Vehicle insurance	85	15	100
36. Vehicle registration	80	20	100
37. Vehicle tax	85	15	100
38. Vehicle license	80	20	100
39. Vehicle inspection	85	15	100
40. Vehicle repair	80	20	100
41. Vehicle replacement	85	15	100
42. Vehicle disposal	80	20	100
43. Vehicle storage	85	15	100
44. Vehicle parking	80	20	100
45. Vehicle cleaning	85	15	100
46. Vehicle protection	80	20	100
47. Vehicle security	85	15	100
48. Vehicle insurance	80	20	100
49. Vehicle registration	85	15	100
50. Vehicle tax	80	20	100
51. Vehicle license	85	15	100
52. Vehicle inspection	80	20	100
53. Vehicle repair	85	15	100
54. Vehicle replacement	80	20	100
55. Vehicle disposal	85	15	100
56. Vehicle storage	80	20	100
57. Vehicle parking	85	15	100
58. Vehicle cleaning	80	20	100
59. Vehicle protection	85	15	100
60. Vehicle security	80	20	100
61. Vehicle insurance	85	15	100
62. Vehicle registration	80	20	100
63. Vehicle tax	85	15	100
64. Vehicle license	80	20	100
65. Vehicle inspection	85	15	100
66. Vehicle repair	80	20	100
67. Vehicle replacement	85	15	100
68. Vehicle disposal	80	20	100
69. Vehicle storage	85	15	100
70. Vehicle parking	80	20	100
71. Vehicle cleaning	85	15	100
72. Vehicle protection	80	20	100
73. Vehicle security	85	15	100
74. Vehicle insurance	80	20	100
75. Vehicle registration	85	15	100
76. Vehicle tax	80	20	100
77. Vehicle license	85	15	100
78. Vehicle inspection	80	20	100
79. Vehicle repair	85	15	100
80. Vehicle replacement	80	20	100
81. Vehicle disposal	85	15	100
82. Vehicle storage	80	20	100
83. Vehicle parking	85	15	100
84. Vehicle cleaning	80	20	100
85. Vehicle protection	85	15	100
86. Vehicle security	80	20	100
87. Vehicle insurance	85	15	100
88. Vehicle registration	80	20	100
89. Vehicle tax	85	15	100
90. Vehicle license	80	20	100
91. Vehicle inspection	85	15	100
92. Vehicle repair	80	20	100
93. Vehicle replacement	85	15	100
94. Vehicle disposal	80	20	100
95. Vehicle storage	85	15	100
96. Vehicle parking	80	20	100
97. Vehicle cleaning	85	15	100
98. Vehicle protection	80	20	100
99. Vehicle security	85	15	100
100. Vehicle insurance	80	20	100



## Chapter 4

# **BACKGROUND CHARECTERISTICS OF VBFPW<sub>s</sub>**



## Chapter 4

### BACKGROUND CHARECTERISTICS OF VBFPW<sub>s</sub>

This chapter examines the background characteristics of a VBFPW including her adherence to the prescribed selection criterion and all aspects of initial & refresher training. This chapter also focuses on the triple 'S' i.e. Salary, Supervision & Supplies---the most important elements in the working of a VBFPW as was highlighted in the first evaluation conducted in 1995.

#### 4.1 SELECTION CRITERION REQUIREMENT

The selection of VBFPWs is required to base on fulfilling the following four main criterion viz.

1. Age (18 to 50 years)
2. Educational qualification (minimum eight years)
3. Place of residence (Must be a resident of her place of appointment )
4. Marital status (She must be ever married)

**Table 4.1: VBFPW's adherence to selection criterion by number by province**

Criteria	Punjab	Sindh	NWFP	Balochistan	N	Percent
<b>Meet the criterion</b>	224	45	45	18	332	89.48
Age	227	76	46	19	368	99.2
Marital status	228	70	46	21	365	98.4
Education	226	69	46	21	362	97.6
Residents	227	58	45	20	350	94.33
<b>Do not meet the criterion</b>	4	31	1	3	39	10.52
Age	1	0	0	0	3	0.8
Marital status	0	6	0	0	6	1.6
Education	2	7	0	0	9	2.4
Non-Resident	1	18	1	1	21	5.6
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>	

Table 4.1 displays the VBFPW's adherence to the four main criterion for selection There were 39 (10.52 percent) workers who did not meet at least one of the four selection criterion. Maximum deviation was found in the residency status where 21 workers were found not resident at the place of their posting. There were no VBFPWS below the age of 18 years, however, there were three workers above the age of 50 years, one in Punjab and two in Balochistan. On the whole, 99 percent of workers met the criteria of age i.e. between 18-50 years.

9 out of 371 VBFPWS were educated for less than eight years- the minimum prescribed qualification. Provincial distribution was 2 (0.9 percent) in Punjab & 7 (9.2 percent) in Sindh.

Out of a total of 371 VBFPWS interviewed, 86.3 percent were currently married, the highest being in NWFP (93.5 percent) & lowest in Sindh with a percentage of 78.9. There were only 6 (7.9 percent) unmarried VBFPWS in Sindh which reflects a deviation from the selection criterion.

It was found that Sindh was the most deviant in following the selection criterion with 31 workers not meeting the selection criterion out of a total of 76 who were selected as a sample.

#### **4.2 BACKGROUND CHARECTERISTICS**

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Table 4.2 presents the data on age, marital status and educational qualification of VBFPWs.

The maximum percentage of VBFPWs falls between ages 25-34(46.9 percent). In Sindh, however, there are more VBFPWs with ages less than 35(78 percent) where as in Punjab, this figure is 65.4 percent and is 69 percent in NWFP, In Balochistan, this figure has been calculated to be 57.1 percent. On the other hand, the workers having ages above 35 years are almost evenly placed in Punjab, NWFP and Balochjstan (the range is between 30 to 34 percent) but this age structure is only 22 percent in Sindh.

**Table 4.2: Percent distribution of background characteristics of VBFPWs by province**

Characteristics	Punjab	Sindh	NWFP	Balochistan	Total
<b>Age</b>					
Less than 25	13.2	39.5	28.3	23.8	21.0
25-34	52.2	38.2	41.3	33.3	46.9
35-44	30.3	19.7	23.9	28.6	27.2
45+	4.4	2.6	6.5	14.3	4.9
<b>Mean age</b>	<b>31.8</b>	<b>28.8</b>	<b>30.2</b>	<b>32.6</b>	<b>31.0</b>
<b>Marital status</b>					
Married	86.6	78.9	93.5	90.5	86.3
Widow	6.1	7.9	4.3	4.8	6.2
Divorced	5.7	1.3	2.2	4.8	4.3
Separated	1.3	3.9	0.0	0.0	1.6
Unmarried	0.0	7.9	0.0	0.0	1.6
<b>Education</b>					
Less than middle	0.9	9.2	0.0	0.0	2.4
Middle	45.6	23.7	39.1	57.1	41.0
Matric	49.1	50.0	54.3	42.9	49.6
Above matric	4.4	17.1	6.5	0.0	7.0
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

There are 86.3 percent VBFPWs who are currently married with no major provincial variations. All the unmarried VBFPWs were reported only in Sindh (7.9 percent).

Nearly 50 percent of VBFPWs were found to be matric with almost all the provinces having equal share in this respect. 41 percent have had up to 8 years of schooling with all the provinces having almost even figures except Sindh where this category of VBFPWs was around 23.7 percent. In Sindh, the VBFPWs with qualification higher than matric were maximum (17 percent).

Table 4.3 below presents a data on the living children of VBFPWs by province. Most of the workers had children between 3-4 followed by those having 1-2 children. There were 11 workers who had 7+ children. Mean number of children per VBFPW was 4.40, which is

extremely high considering the fact that VBFPWs themselves exhort for the importance of having two children.

**Table 4.3** Percent distribution of living children of VBFPWs by province

Living children	Punjab	Sindh	NWFP	Balochistan	Total
0	9.2	25.7	6.5	33.3	13.4
1-2	32.9	28.6	26.1	23.8	30.7
3-4	41.2	21.4	43.5	23.8	36.7
5-6	14.9	20.0	17.4	14.3	16.2
7+	1.8	4.3	6.5	4.8	3.0
N	228	70	46	21	365

### 4.3 TRAINING

Training is an essential component of any activity, service or a job. Any new entrant in a field must be trained before he/she can deliver goods. The VBFPWs are trained keeping in view the activities they are suppose to perform. Presently there are two types of training imparted to a worker. One is the initial training, which is of 7 months duration (4 months in the class and 3 month is the field). The second is refresher training and whose duration may vary. Training centre is the core place where the TCS is placed. A worker has to visit the training centre many a times for a variety of activities such as to get the supplies of contraceptives, to get her salary, to meet her supervisor for an advise or to submit her report and of course to receive the training. Thus training centre is the pivot of her activities and is a place about which she must have adequate familiarity. Keeping in view the above role of training and training centre, the workers were enquired into about the training she has received and about the training centre.

**Table 4.4** Duration of initial training received by VBFPWs by province

Duration of Training	Punjab	Sindh	NWFP	Balochistan	Total
Less than 4 months	6.1	15.8	0.0	4.8	7.3
4 months	93.4	77.6	39.1	95.2	83.6
5-6 months	0.0	1.3	0.0	0.0	0.5
7-8 months	0.0	5.3	60.9	0.0	8.6
N	228	76	46	21	371

The workers were asked about the duration of their initial training without mentioning the prescribed length of initial training to them. The details are presented in Table 4.4. The response received was a varied one and ranged from as low as one month to a maximum of eight months. It is pertinent to mention here that there were 2 workers in Sindh who did not receive initial training. Around 7.3 percent workers mentioned the length of their initial training as between 1-3 months, 0.5 percent as between 5-6 months and 2.2 percent as between 7-8 months. The percentage of those receiving 4 months training was the maximum (83.6 percent) and that of those receiving 7 months training was 6.5 percent. This varied response was the result of either that the workers actually received training at such a dispersed schedule or they could not understand the essence of the question probably due to the lack of their qualification and considered the in class training as the only training received

Table 4.5 below presents data on refresher training by province. 240(64.7 percent) workers out of 371 interviewed received refresher training. The percentage of refresher training received was highest in NWFP (80.4 percent) followed by 78.1 percent in Punjab and 52.4 percent in Balochistan. The percentage was lowest in Sindh with only 18.4 percent workers receiving refresher training, which highlights the lack of commitment on the part of organizers to arrange such a training. The length of refresher training varied from less than 15 days (70.8 percent) to more than 30 days (6.3 percent).

**Table 4.5 Percent distribution of refresher training received by VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Refresher training received</b>	78.1	18.4	80.4	52.4	64.7
N	228	76	46	21	371
<b>Length of Refresher training in days</b>					
<15 days	71.3	92.9	54.1	90.9	70.8
16-30 days	23.6	0	35.1	0	22.9
More than 1 month	5.1	7.1	10.8	9.1	6.3
<b>N</b>	<b>178</b>	<b>14</b>	<b>37</b>	<b>11</b>	<b>240</b>

84.6 percent workers reported that their training period for initial training was adequate whereas 11.1 percent thought that this period was too short and 4.3 percent were of the view that this period was too long for their requirement

**Table 4.6: Percent distribution of initial training's adequacy by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Training Adequacy</b>					
Adequate	84.6	78.4	89.1	95.2	84.6
Short	12.3	10.8	8.7	4.8	11.1
Long	3.1	10.8	2.2	0.0	4.3
Adequacy of training for performing duty					
Motivation to use contraception	99.6	93.0	89.1	100	97.0
Use IEC material	78.9	79.0	80.4	4.8	74.9
To provide information on general health	97.8	92.2	71.7	57.1	91.1
Record keeping	96.9	79.8	82.6	33.3	87.9
Make work plan	93.4	68.3	82.6	4.8	81.9
Information about side effects	90.4	83.1	91.3	0.0	83.8
<b>Other</b>	<b>4.8</b>	<b>9.2</b>	<b>10.9</b>	<b>0.0</b>	<b>6.2</b>
<b>N</b>	<b>228</b>	<b>74</b>	<b>46</b>	<b>21</b>	<b>369</b>

Table 4.7 presents figures on the necessary facilities at the training centre, purpose of VBFPW's last visit to the training centre and attitude of the trainers as reported by the workers.

91.9 percent VBFPWs were satisfied with the facilities provided at the training centre for imparting proper training.

As a recall of the last visit by the worker to the training centre, percent works had visited the training centre with in - . Around 40 percent workers visited their training centre to submit report, 20 percent went to get stocks and supplies and only 6.2 percent to get an advise from the supervisor.

About the attitude and behavior of the trainers, around 96 percent workers fair them from excellent to good with no worker report the trainers as bad.



**Table 4.7: Percent distribution of facilities and purpose of last visit of VBFPWs at training centre and attitude of the training staff by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Necessary facilities at training centre to impart proper training</b>	95.6	81.1	91.3	90.5	91.9
<b>Purpose of VBFPW's last visit to the training centre</b>					
For refresher training	3.1	1.3	4.3	9.5	3.2
For an advice	3.5	13.2	4.3	14.3	6.2
To get salary	16.7	21.1	30.4	19.0	19.4
To get stock/supplies	29.8	3.9	4.3	9.5	20.2
To submit report	42.1	40.8	37.0	28.6	40.4
Other reasons	4.8	19.7	19.0	19.0	10.5
<b>Trainer's attitude</b>					
Excellent	27.6	18.9	17.4	0	23.0
Very good	50.0	44.6	58.7	4.8	47.4
Good	18.0	31.1	21.7	<b>95.2</b>	25.5
Fair	<b>4.4</b>	<b>5.4</b>	<b>2.2</b>		<b>4.1</b>
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

#### 4.4 SALARY

Salary is a sensitive issue and is directly related to the performance. VBFPWs are entitled to receive Rs 1200/- each month in lieu of the services she delivers (Recently there are some reports that in few districts, the salary has been enhanced to Rs. 1500/ month). The salary component of a worker was explored along three different angles viz. how and when the workers get their salaries, the deductions out of the salary and adequacy of the salary as reported by the workers.

**Table 4.8: Getting salary on time and place of getting salary by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Getting salary on time</b>	5.7	59.2	73.9	61.9	28.3
Place of salary receiving					
DPWO	1.3	7.9	0.0	14.3	3.2
TPWO	6.6	1.3	0.0	0.0	4.3
Supervisor	7.0	48.7	0.0	4.8	14.6
Bank	74.1	32.9	100	76.2	69.0
Other	<b>11.0</b>	<b>9.2</b>	<b>0.0</b>	<b>4.8</b>	<b>8.9</b>
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

Table 4.8 provides details about the time and place of receiving salary. Only 28.3 percent of workers reported that they receive their salary on time while rest of 71.7 percent doesn't get their salary on time. There is a striking contrast in the provincial distribution where in Sindh, NWFP and Balochistan well over 50 percent workers receive their salaries on time but in Punjab, only 5.7 percent VBFPWs reported receiving salary on time. This shows a serious flaw in the manner and method of disbursement of salary to workers in Punjab. However, when enquired about the date they received their last salary, about 83 percent workers had received their salary within last two months while 17 percent had received their last salary beyond last two months. These figures don't highlight the fact that workers do receive their salaries on time because even if there is a delay of only few days, a worker will report that she has not received her salary on time.

Table 4.9 presents a picture of deductions out of a meager salary that a worker receives. 45.6 percent of workers report that a deduction was made out of their last salary with Sindh & Balochistan excelling in the rate with 86.8 percent & 85.7 percent, respectively. Punjab & NWFP have a share of 33.3 & 19.6 percent each. The amount of deduction in Rs had a varied appearance & ranged from rupee 1 to 1000. The maximum deduction was between Rs 51 - 100 (46.2 percent). A question arises here that why this deduction out of the salary of the worker who is already hard pressed in terms of amount she receives & that too not well on time? The workers were enquired about the reasons for these deductions. The enquiry shows a varied picture. The supervisory staff of the workers makes major deductions at the time the supplies are handed over to them and this is expenditure for contraceptive sale receipt deducted in advance. Around 53.3 percent workers reported a deduction in this head. Whether the workers get this money back from the clients is another story as most of the workers complained that some times the amount from an individual client is so small that it is difficult

to stress upon such an amount. This little amount, however, adds up to become a bigger amount for an individual worker. About 26 percent workers even do not know about the reasons for deductions out of their salaries. Most of the workers who receive their salaries through banks, claim some deduction by the bank authorities (20 percent) and 16 percent workers pay for revenue stamps. However, major reason for deduction still remains to be for contraceptive sale receipt in advance – a matter, which needs a serious thought from the programme managers to take measures to stop this practice.

**Table 4.9: Deductions out of the salary of VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Deductions made out of last salary</b>	33.3	86.8	19.6	85.7	45.6
<b>N</b>	228	76	46	21	371
<b>Deduction in Rupees</b>					
<50 Rupees	53.9	13.6	44.4	16.7	33.7
51-100 Rupees	34.2	59.1	55.6	44.4	46.2
101-200 Rupees	11.8	25.8	0	33.3	18.9
>200 Rupees	0	1.5	0	5.6	1.2
<b>Reason for deduction</b>					
Paid for contraceptive supplies	13.2	93.9	0	100	53.3
Paid to Bank	35.5	1.5	66.70	0	20.1
Paid for revenue stamps	17.1	12.1	0	33.3	16.0
Without any reason	11.8	4.5	0	5.6	7.7
Do not know	36.8	13.6	22.2	27.8	26.0
Other	3.9	16.7	11.1	0	8.9
<b>N</b>	<b>76</b>	<b>66</b>	<b>9</b>	<b>18</b>	<b>169</b>

Majority of the workers are not satisfied with their salary. 94.3 percent workers report that their salaries are inadequate for running their households. These workers supplement their income through other sources. 70 percent workers have husband's income as another source of supplementing their income and 27 percent do supplement their income by engaging themselves in some other activity (Detail in Table 4.10).

**Table 4.10: Adequacy of salary of VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Adequacy of salary to run business</b>	3.1	14.5	6.5		5.7
<b>Supplement income</b>					
Household earning	72.9	58.5	71.1	71.4	70.0
Husband activities	2.3	10.8			3.4
Farming	5.0	4.6	4.7	9.5	5.1
Salaries Work	1.4	10.80	0	0	2.9
Cottage industry	1.8	0	0	0	1.1
Seasonal Work	1.8	0	0	0	1.1
None	2.7	3.1	2.3	0	2.6
Other	<b>12.2</b>	<b>12.3</b>	<b>20.9</b>	<b>19.0</b>	<b>13.7</b>
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

Workers not satisfied with the amount they receive as their salary were asked to tell an adequate amount for their salary. They have reported different amounts as the adequate salary for the future. The amount ranges between Rs. 1500 to Rs. 4000 per month with a mean of Rs. 2566/-month. Most of the workers (61.4 percent) report Rs. 2000 per month as an adequate salary followed by Rs. 2500 (12 percent) & Rs. 3000 (10.3 percent). Table 4.11 below presents province wise data on adequate salary.

**Table 4.11: Adequate salary of VBFPWs by province**

Adequate salary	Punjab	Sindh	NWFP	Balochistan	Total
1500-2000	81.9	84.6	41.9	47.6	75.4
2001-2500	10.0	12.3	34.9	9.5	13.4
2501-3000	7.7	3.1	20.9	38.81	10.3
3001-3500	0-0	0.0	2.3	4.8	0.6
3501-4000	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

#### 4.5 SUPERVISION

Supervision is a key to any program monitoring. The efficiency of a program is directly inter-linked with an efficient supervision. VBFPWS have a well-established supervisory structure. A supervisor as is termed TCS is provided with a separate premises, conveyance and support staff to carry out her supervisory functions.

**Table 4.12: Supervisor's visit and recommended schedule of visit by province**

Schedule	Punjab	Sindh	NWFP	Balochistan	Total
<b>Supervisor's visit schedule</b>					
Once a month	41.7	34.2	52.2	57.1	42.3
Once every two months	33.8	9.2	23.9	9.5	26.1
Once every three months	13.2	17.1	15.2	0.0	13.5
Once every six months	11.0	11.8	8.7	4.8	10.5
Never visited	0.4	27.6	0.0	28.6	7.5
<b>Recommended schedule</b>					
Twice a month	12.7	22.4	0.0	14.3	13.2
Once every month	76.3	71.1	87.0	81.0	76.8
Once every two months	8.3	3.9	10.9	0.0	7.3
Once every three months	2.6	0.0	2.2	0.0	1.9
Any other suggestion	0.0	2.6	0.0	4.8	0.8
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>
<b>Usefulness of visit</b>					
Extremely useful	30.0	1.8	37.0	0.0	25.1
Useful	65.2	72.7	56.5	80.0	65.9
Not very useful	4.8	25.5	6.5	20.0	9.0
<b>N</b>	<b>227</b>	<b>55</b>	<b>46</b>	<b>15</b>	<b>343</b>

Workers were asked to report about the frequency of her supervisor's visit, which schedule she recommends for her supervisor's visit and about the usefulness of her supervisor's visit (Details in Table 4.12). It is a pity to mention here that with such a big infrastructure, budget, & staff etc, 7.5 percent (28) workers reported that their supervisors have never visited them during their entire period of service with Balochistan & Sindh having the major share with 28.6 percent & 27.6 percent, respectively. Around 42 percent workers reported being visited by their supervisor once a month, 26 percent were visited once every two months, 13.5 percent once every 3 months & 10.5 percent were visited once every 6 months.

What is the recommended schedule of visit by a supervisor as reported by the workers. 76.8 percent are of the view that a supervisor should visit once a month, 13.2 percent mentioned that they should visit twice a month. Thus almost double the number of workers demand at least a visit each month (76.8 percent) as compared to the actual visits recorded (around 42 percent). On the usefulness of supervisor's visit, 9 percent VBFPWs reported the visit as not useful with 25.5 percent workers in Sindh and 20 percent in Balochistan termed the visits as not useful. The reasons for this, however, could not be ascertained.

Table 4.13 presents the data on the activities undertaken by the supervisor during her visit. The most reported activity a supervisor did during her visit was that she checked the register of the workers she had visited.

**Table 4.13: Activities undertaken by the supervisor during her visit**

Supervisor's duty	Punjab	Sindh	NWFP	Balochistan	Total
Checked register	93.0	80.0	95.7	93.3	91.3
Checked equipment	18.9	3.6			13.1
Check work plan	50.2	7.3	73.9	13.3	44.9
Provided contraceptive supplies/ medicines	7.9	52.7	21.7	80.0	20.1
Accompanied the worker	57.7	18.2	41.3		46.6
Advised the worker to conduct her assignment	57.7	18.2	41.3		46.6
<b>Provided IEC material to the worker</b>	3.1	3.6	2.2		2.9
Did any thing else	5.3	7.3	4.3		5.2
<b>N</b>	<b>227</b>	<b>55</b>	<b>46</b>	<b>15</b>	<b>343</b>

#### 4.6 SUPPLIES

25 percent of workers reported that they ran out of supplies of contraceptives during the last 6 months (Figures in the 1995 survey were 57 percent). This figure was highest in Sindh with 51.3 percent followed by Balochistan 28.6 percent, while Punjab and NWFP were at 18 percent and 15.2 percent, respectively. Majority of the workers was without supplies for less than a month (66.7 percent) and rest of them between more than a month to more than 3 months. Table 4.14 below shows the pattern of shortage of supplies of contraceptives

**Table 4.14: Supplies of contraceptives by province**

	Punjab	Sindh	NWFP	Balochistan	Total
Shortage of contraceptives during the last six months	18.0	51.3	28.6	28.6	25.1
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>
Period without supplies	85.4	51.3	28.6	83.3	66.7
Less than a month	9.8	20.5	71.4	16.7	19.4
More than a month	2.4	15.4	0	0.0	7.5
More than two month	2.4	10.3	0.0	0.0	5.4
More than three month	0.0	2.6	0.0	0.0	1.1
<b>Informed to</b>					
Supervisor	46.3	53.8	0.0	50.0	46.2
TPWO/DPWO	19.5	15.4	28.6	50.0	20.4
Personal efforts	22.0	20.5	71.4	0.0	23.7
Any other option	12.2	10.33	0.0	0.0	9.7
<b>N</b>	<b>41</b>	<b>39</b>	<b>7</b>	<b>6</b>	<b>93</b>

As supervisor is the key person to whom a worker should report, majority of workers reported to their supervisors to help in removing this shortage of supplies. The adequate supplies of contraceptives is a must and it shall be ensured that no worker is without supplies even for a single day lest for months.

Province	Year	Sample Size	Mean	Standard Deviation	Minimum	Maximum
Province A	2010	150	12.5	3.2	8.0	18.0
Province A	2011	160	13.1	3.5	8.5	19.0
Province A	2012	170	13.8	3.8	9.0	20.0
Province B	2010	140	11.9	3.1	7.5	17.5
Province B	2011	150	12.6	3.4	8.0	18.5
Province B	2012	160	13.3	3.7	8.5	19.5
Province C	2010	130	11.4	3.0	7.0	17.0
Province C	2011	140	12.1	3.3	7.5	18.0
Province C	2012	150	12.8	3.6	8.0	19.0
Province D	2010	120	10.9	2.9	6.5	16.5
Province D	2011	130	11.6	3.2	7.0	17.5
Province D	2012	140	12.3	3.5	7.5	18.5

The data presented in the table above shows a general upward trend in the mean values across all provinces from 2010 to 2012. The standard deviations also show a slight increase over the period, indicating greater variability in the data. The minimum and maximum values also show a consistent increase over time, suggesting that the range of the data is expanding.



## **Chapter 5**

# **DUTIES/RESPONSIBILITIES AND PERFORMANCE**

Chapter 5

DUTIES, RESPONSIBILITIES AND  
PERFORMANCE

## Chapter 5

### **DUTIES/RESPONSIBILITIES AND PERFORMANCE**

This chapter details the performance of a VBFPW on all possible angles viz. her knowledge about her main duties, her six months performance judged from the performance reports for the period September 1998 to February 1999, her visit schedule, making and following of the work plan, use of IEC material and referral of her clients. This chapter also focuses on some surrounds of a VBFPW, the presence, absence and cooperation of whom might affect her performance. This chapter ends with an observation of certain items of a VBFPW by the interviewers.

#### **5.1 DUTIES/RESPONSIBILITIES**

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A clear understanding of her duties/ responsibilities is a must for a VBFPW for providing quality services required of her to her clients. The basic duties a worker is expected to perform are summarized below.

- (i) To register all eligible couples in her assigned area.
- (ii) To provide FP information to her clients.
- (iii) To provide FP methods to her clients.
- (iv) To provide information about side effects of contraceptives.
- (v) To provide basic medical facilities.
- (vi) To provide health education.
- (vii) To carry out follow up of her clients.

The workers were asked to remember the duties she has to carryout. The interviewers were instructed the answers against each category a worker would reply in her own words. The results are reproduced in Table 5.1. Over 90 percent workers knew the first three duties they are performing. There were two striking deviations here. In Sindh, only 69 percent workers know about registering all eligible couples in her assigned area whilst in Balochistan, only 62 percent workers were aware about providing FP information to their clients. The information about next four duties as reported by workers ranges in the 60s.

**Table 5.1: Knowledge of duties/responsibilities identified by VBFPWs by province**

Duties	Punjab	Sindh	NWFP	Balochistan	Total
To register all eligible couples in the village	95.6	69.7	97.8	90.5	90.3
To provide FP information	98.7	97.4	97.8	61.9	96.2
To provide FP method	98.7	96.1	91.3	100.0	97.3
To provide information about side effect of FP method	75.4	30.3	67.4	9.5	61.5
To provide basic medical facilities	71.1	60.5	84.8	19.0	67.7
Follow up	75.0	60.5	84.8	0.0	69.0
To provide health education	69.7	60.5	84.8	23.8	67.1
Other duties	2.6	2.6	23.9	0.0	5.1
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

There are few striking figures with workers in Balochistan and Sindh having knowledge about providing information about side affects of contraceptives which is at 9.5 percent and 30.3 percent, respectively. Workers in Balochistan had a much poorer knowledge about providing basic medical facilities and health education at 19 percent and 23.8 percent in each category. Here an inference can be drawn that in Sindh and Balochistan, workers were not fully aware about the basic duties they are due to perform. However, over 97 percent of VBFPWs know about providing contraceptives to their clients.

## 5.2 PERFORMANCE

The first and the fore most assignment a worker must undertake initially is to complete the registration of all eligible couples in her assigned area. Over all, around 70 percent of worker have completed their initial registration. The figures in Sindh again present a gloomy picture where only 28 percent of workers have completed their initial registration. The rest of the three provinces fair above 80 percent in this category. Now if a worker has not completed her initial registration of eligible couples in her vicinity, how she is going to provide services to 100 percent target population of her area.

The performance of workers was assessed on the basis of their performance reports, which a worker is supposed to submit to her supervisor at the end of each month. The months selected were from September 1998 to February 1999. These months were selected taking into account

those workers who were appointed 9 months before the fieldwork of the survey was launched so as to give them ample time to complete the record of the specified months. Table 5.2 presents a province wise data on six services provided by workers during September 1998 to February 1999.

**Table 5.2: Mean distribution of services provided by VBFPWs by province (During Sep. 1998 to Feb. 1999)**

Services provided	Punjab	Sindh	NWFP	Balochistan	Total
Couples contacted	593.5	278.16	807.5	19.05	552.4*
Couples changing method	5.19	6.67	3.45	4.21	5.08
Couples dropped out	8.74	10.63	4.98	1.53	8.04
New couples registered	6.38	19.55	4.09	3.74	7.45
New acceptors of FP	36.6	24.74	33.16	19.15	33.78
Number of IUD camps arranged	1.47	0.08	1.11	0.58	1.21
<b>N</b>	<b>227</b>	<b>38</b>	<b>44</b>	<b>19</b>	<b>328</b>

\* The minimum recommended figure for contacting couples in six months is 1500

According to the data available, the mean number of couples contacted in the specified six months period present a varied provincial distribution. The minimum recommended couples to be contacted in six months is 1500 (250 each month) by every VBFPW (10 couples each working day with 25 working days each month). However, the national figure is 552 couples in six months by a VBFPW (92 couples each month). This is far below the recommended figures of 1500 couples in six months. In the individual provinces, in the descending order are NWFP with 808 couples, Punjab with 594 couples in six months, Sindh with 278 couples and Balochistan with only 19 couples in six months. So it can be easily worked out that even the province with maximum figures is averaging nearly at 50 percent of the minimum recommended couples to be contacted in six months. The situation in Balochistan and Sindh is even worse. This needs a major revamping in the visit schedule of the VBFPWs and highlights a major flaw in the supervision of the VBFPWs.

The mean number of couples changing methods in 6-month period is 5.08 (a little less than a couple each month with no major provincial variations detected).

The mean number of couples dropping out in a six months time are approximately 8(1.33

couples each month). The figures are highest in Sindh followed by Punjab and NWFP. Balochistan has the lowest number of couples dropping out.

On the average, each worker registered 7.45 new couples in 6 months time( couples each month). A striking feature is the 19.55 new couples registered in Sindh during the specified period of 6 months.

In case of new acceptors of FP methods in the 6 months, the national figures are around 34( about 6 new acceptors each month). In the provinces, figures of Balochistan and Sindh show the maximum deviation with figures of 19 and 24 new acceptors in 6 months

The number of IUD camps arranged by a worker in the 6 months time are extremely low i.e. 1.21 camps. The performance of Sindh in this category is extremely low i.e. 0.08 camps in 6 months.

### **5.3 SIDE EFFECTS OF CONTRACEPTIVES**

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A worker must provide information about side effects of contraceptives to her clients and also she must be able to handle any reported side effects. The data about side effects of contraceptives as reported by VBFPWs is in Table 5.3. Around 7 percent workers received complaints about side effects. When asked about the steps taken to rectify the side effects, only 16.5 percent provided the treatment herself and 50 percent of workers referred the reported side effects to FWCs.

**Table 5.3: Complaints received and methods adopted by VBFPWs to rectify the complaints about side effects of contraceptives by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Complaints about side effects of contraceptives</b>	75.0	39.5	89.1	33.3	67.1
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>
Methods adopted to rectify the complaints about side effects					
Ask to discontinue the method	7.6	30.0	2.4	0.0	9.2
Shift to another method	18.1	10.0	24.4	14.3	18.1
Provide treatment herself	11.7	10.0	43.9		16.5
Refer to FWC	57.9	33.3	29.9	57.1	50.2
Refer to hospital	1.2	6.7	0.0	0.0	1.6
Refer to doctor	1.2	0.0	0.0	0.0	0.8
Others	2.3	10.0	0.0	28.6	3.6
<b>N</b>	<b>171</b>	<b>30</b>	<b>41</b>	<b>7</b>	<b>249</b>

#### **5.4 WORK PLAN AND VISIT SCHEDULE**

A worker is supposed to make a work plan of her activities she is expected to perform. A detail about preparation, following up and availability of work plan and visit schedule of a worker is presented in Table 5.4. 67.4 percent workers reported preparing of a work plan. The highest percentage was in NWFP with over 95 percent workers making a work plan, Sindh fared lowest with only 27.6 percent workers making work plan. 78 percent workers making the work plan actually had the work plan available for the current month. The figures were lower in Sindh and Balochistan with percentages of 47.6 and 50.0. And 76.8 percent of workers making the work plan follow it while 22 percent workers follow the work plan sometimes. When asked about the daily time spent, around 64 percent workers replied spending about 2-3 hours in a day working in the field (Figures not depicted)

**Table 5.4: Preparation, availability and following up of Work plan and visit schedule of VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Preparation of work plan</b>	78.5	27.6	95.7	28.6	67.4
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>
<b>Schedule for preparation of work plan</b>					
Monthly	41.9	76.2	95.5	83.3	55.2
Weekly	16.8	14.3	4.5	16.7	14.4
Daily	41.3	9.5		0	30.4
<b>Work plan followed</b>					
Yes	83.2	57.1	59.1	83.3	76.8
Never	0	9.5	2.3	0	1.2
Sometimes	16.8	33.3	38.6	16.7	22.0
<b>Availability of work plan</b>					
Work plan available	81.6	47.6	81.8	50.0	78.0
Work plan not available	18.4	52.4	18.2	50.0	22.0
<b>Schedule of visit in village</b>					
Daily	44.1	19.0	56.8	33.3	44.0
Every alternate day	33.5	19.0	31.8	16.7	31.6
Twice a week	20.1	38.1	9.1	0.0	19.2
Once in a week	1.7	14.3	2.3	50.0	4.0
Twice a month	0.6	4.8	0.0	0.0	0.8
Once a month	0.0	4.8	0.0	0.0	0.4
<b>N</b>	<b>179</b>	<b>21</b>	<b>44</b>	<b>6</b>	<b>250</b>

Only 44 percent of workers reported visiting in their assigned area daily where as another 31.6 percent visited every alternate day. In Sindh, only 19 percent workers reported visiting daily whereas similar percentage of workers reported visiting every alternate day in the field. There were 50 percent workers in Balochistan who reported of visiting only once a week.

## **5.5 IEC MATERIAL**

A worker is to be equipped with an IEC material such as posters, pamphlets, books etc which she has to use to improve upon the knowledge and practice of FP of her clients. 69 percent of workers have reported of having the IEC material.



**Table 5.5: Availability, usefulness and language of the IEC Material for motivation by VBFPW by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Availability of IEC material</b>	78.1	43.4	69.6	57.1	68.7
<b>IEC material received from</b>					
Supervisor	22.8	51.3	56.5	42.9	34.0
Tehsil officer	26.8	11.8	2.2	9.5	19.7
DPWO	5.3	10.5	0.0	14.3	6.2
FWC	28.5	3.9	21.7	0.0	21.0
Other	16.7	22.4	19.6	33.3	19.1
<b>Usefulness of IEC material for motivating a client</b>					
Yes	72.8	52.6	89.1	81.0	71.2
No	1.8	14.5	8.7	4.8	5.4
Sometime	25.4	32.9	2.2	14.3	23.5
<b>Most useful IEC material</b>					
Poster	39.9	34.2	41.3	14.3	37.5
Pamphlets	13.2	10.5	6.5	23.8	12.4
Books	29.8	42.1	50.0	52.4	36.1
Other	17.1	13.2	2.2	9.5	14.0
<b>Language of IEC material is appropriated</b>	86.4	69.7	76.1	85.7	81.7
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

The situation as depicted in Table 5.5, is better in Punjab and NWFP where 78 percent and 69.6 percent had IEC material available as compared to Sindh and Balochistan where 43.4 percent and 57.1 percent workers were having IEC material available, respectively. 71 percent workers think that IEC material is useful in motivating clients with 23 percent workers report that the material is sometimes useful. In the province of Sindh, least number of workers think that IEC material is useful. Out of the available IEC material, posters and books are considered by workers as most useful material for motivation. And 82 percent of workers are of the view that the language of IEC material is appropriate for a village population. Around 69 percent workers in Sindh believe that the language is appropriate as compared to over 76 percent in other provinces. The programme managers in Sindh need to concentrate more on the use of IEC material by the workers and also to make the language of the IEC material appropriate for the village population

## 5.6 CONTRACEPTIVE PROVISION AND REFERRAL OF ELIGIBLE WOMEN

Workers were asked a number of questions to report how they provided different contraceptive methods to their clients and the results are shown in Table 5.6 below.

**Table 5.6: Percent distribution of most popular contraceptive method as reported by VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Most popular contraceptive method</b>					
Pills	14.5	48.7	8.7	38.1	22.1
Condom	41.7	23.7	21.7	61.9	36.7
Vaginal method	0.4	0.0	0.0	0.0	0.3
Injection	8.3	15.8	50.0	0.0	14.6
IUDs	32.5	3.9	19.6	0.0	23.2
Female sterilization	2.6	3.9	0.0	0.0	2.4
Other method	0.0	3.9	0.0	0.0	0.8
<b>Contraceptive method provided the most during previous method</b>					
Pill	22.4	50.0	17.4	38.1	28.3
Condom	70.6	43.4	47.8	61.9	61.7
Injection	7.0	6.6	34.8	0.0	10.0
N	228	76	46	21	371

The most popular method as reported by workers is condom, followed by IUD and pill. There is a provincial variation as in Sindh the most popular method is pill and in NWFP it is the injection.

Contraceptive method provided the most during the previous month is again condom (61.7 percent). Here there is a single deviation from the norm i.e. in Sindh, it is the pill, which has been provided the most by the workers.

How do the workers help a client to choose a method? Table 5.7 below presents how a worker helps the clients to choose a method.

**Table 5.7: Options and procedures adopted by VBFPWs in choosing a FP method for eligible women by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Options for the client to choose a method</b>					
Choose herself	32.0	28.9	39.1	14.3	31.3
Provide her with a list of options	61.8	27.6	45.7	0.0	49.3
Provide the method which the worker has	2.6	21.1	13.0	81.0	12.1
Do not interfere	0.4	11.8	2.2	4.8	3.2
Refer to FWC	3.1	9.2	0.0	0.0	3.8
Any other method	0.0	1.3	0.0	0.0	0.3
<b>Procedure adopted when a client wants a method which the worker does not have</b>					
Convince her for an available method	14.5	14.5	26.1	57.1	18.3
Refer her to a Family Planning/Health outlet	71.1	65.8	58.7	42.9	66.8
Purchase the method of her liking	5.3	6.6	10.9	0.0	5.9
Wait for supervisors' visit	6.1	9.2	2.2	0.0	5.9
<b>Any other procedure adopted</b>	3.1	3.9	2.2	0.0	3.0
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

Majority of the workers provide the clients with a list of options to choose a method herself. It is only in Balochistan where more than 80 percent workers reported that she provides the method available with her and not a single worker has reported providing her clients with a list of options. What does she do when she does not possess a method a respondent wants? In about 67 percent cases, she refers her clients to a FP/Health outlet. In Balochistan though around 42 percent workers refer her clients to a FP/Health outlet, 57.1 percent workers convince the clients for a method which is available with her.

**Table 5.8: Referral of clients to a FP/Health facility by VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Clients referred to FWC</b>	91.2	72.4	97.8	95.2	88.4
Clients referred to RHSC	24.6	52.6	69.6	9.5	35.0
Clients referred to Hospital RHC/BHU	36.4	15.8	34.8	19.0	31.0
Clients referred to MSU	33.3	17.1	21.7	4.8	27.0
Clients referred to private clinic	5.7	3.9	15.2	0.0	6.2
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

As presented in Table 5.8 above, referral of clients for a further advise or for a service is

maximum to a Family Welfare Centre (88.4 percent), followed by RHSC (35 percent). Workers also refer their clients to a hospital such as RHC/BHU (31 percent), to a MSU (27 percent) and a few are referred to private clinics (6.2 percent).

## 5.7 SURROUNDS

There are few surrounds in the vicinity of a worker whose presence/absence/help or cooperation can influence the activities of a worker. These can be a Health/FP outlet, a Lady Health Worker or any influential person of her village. How these surrounds influence the activities of a worker has been discussed below.

**Table 5.9: Health/FP facilities in the vicinity of a VBFPW by province**

Available facility	Punjab	Sindh	NWFP	Balochistan	Total
The facility available is FWC	30.2	32.0	46.7	61.5	36.2
The facility available is MSU	1.6	4.0	6.7	15.4	4.3
The facility available is RHSC	46.0	8.0	53.3	15.4	35.3
The facility available is RHC	25.4	12.0	20.0	0.0	19.0
The facility available is BHU	39.7	52.0	80.0	15.4	44.8
Any other facility available	12.7	24.0	6.7	76.9	21.6
<b>Clients accompanied by workers</b>	<b>75.9</b>	<b>78.9</b>	<b>100.0</b>	<b>28.6</b>	<b>76.8</b>
<b>N</b>	<b>63</b>	<b>25</b>	<b>15</b>	<b>13</b>	<b>116</b>

Table 5.9 above provides the availability of a Health/FP facility in the vicinity of a worker and how she makes use of that facility. 36.2 percent workers reported that a Family Welfare Centre exists in their village. This percentage is highest in Balochistan where 61.5 percent workers have FWC in their villages. Again 35.3 percent workers reported that of having a RHSC in their assigned area and only 3.4 percent have a MSU visiting in their area. More than 63 percent workers have health outlets established in their assigned villages.

76.8 percent workers have visited these Health/FP outlets while accompanying their clients. This figure is 100 percent in NWFP and only 28.6 percent in Balochistan. While accompanying a client to that facility, 60 percent of workers pay the fare of the client (not depicted in the Table).

Lady Health Workers are employees of M/O Health and are providing health and FP facilities in the villages. Table 5.10 presents a data on the activities of Health Workers as reported by

the worker. 42 percent workers reported of having a LHW in her village. This ratio is 36 percent in Punjab but is fairly equal i.e. between 50-55 percent in the other three provinces.

**Table 5.10: Presence and activities of a Lady Health Worker in the vicinity of a VBFPW by province**

	Punjab	Sindh	NWFP	Balochistan	Total
Health worker present in the worker's village	36.0	55.3	52.2	52.4	42.9
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>
Health worker's activities beneficial	57.3	57.1	25.0	72.7	53.5
<b>N</b>	<b>82</b>	<b>42</b>	<b>24</b>	<b>11</b>	<b>159</b>

Now how the presence of a health worker affects the activities of a VBFPW. 46.5 percent are of the view that the activities of LHWs do not help the VBFPWs and this reporting is highest in NWFP (75 percent). Most of the VBFPWs are of the view that LHWs provide the contraceptives to her clients free of charge as compared to a VBFPW. This greatly affects the creditability of a VBFPW as most of the clients prefer contraceptives from a LHW. Also a LHW has a variety of costly medicines, at her disposal, which has also been cited as a hurdle in the activities of a VBFPW who has almost a negligible stock of medicines and as such most of the clients prefer visiting a LHW instead of a VBFPW.

**Table 5.11: VBFPW's liaison with influential of her area by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Close Liaison with Teachers</b>	78.5	25.0	69.6	61.9	65.5
<b>Close Liaison with TBAs</b>	87.7	38.2	50.0	33.3	69.8
Close Liaison with Village head	69.3	36.8	80.4	52.4	63.1
Close Liaison with Religious leaders	67.5	19.7	58.7	19.0	53.9
Close Liaison with any other person	2.2	1.3	2.2	4.8	2.2
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

There are few influential in the villages like the village head, religious leaders, teachers and TBAs whose close liaison can greatly augment the activities of a worker. Majority of workers keep a close contact with almost each and every influential (Details are in Table 5.11 above). In Sindh and Balochistan, only 19 percent workers keep a close liaison with religious leaders. However, very few workers face a resistance from these influential. More than 90 percent

workers do not face any problem in performing their duties.

## **5.8 OBSERVATIONS BY THE INTERVIEWERS**

Interviewers were asked to observe certain items/record maintained by the workers. These were observing the register, signboard and certain items, which a worker is supposed to possess and carry them in the field. The direct observation was to be recorded by the interviewers. All these details are compiled in the Tables 5.12 and 5.13 below.

Register is a key item that a worker must possess. In a register, she maintains complete information about her clients. The condition of the register, as maintained by the worker, was reported to be from excellent to good in around 57 percent of the cases. The condition was reported to be satisfactory in 29 percent of the cases and poor in another 12 percent of the cases. There were few cases of a missing register in Punjab and Sindh.

**Table 5.12: Condition of register and maintenance of record by VBFPWs by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Condition of the register</b>					
Excellent	9.6	0.0	6.5	0.0	6.7
Very good	31.6	10.5	4.3	0.0	22.1
Good	29.4	27.6	28.3	9.5	27.8
Satisfactory	26.3	25.0	41.3	61.9	29.9
Poor	2.6	30.3	19.6	28.6	11.9
Register missing	0.4	1.3	0.0	0.0	0.5
<b>Any other option</b>	0.0	5.3	0.0	0.0	1.1
<b>Maintenance of record</b>					
<b>Up to date</b>	34.2	6.6	45.7	9.5	28.6
Partially up to date	49.1	47.4	43.5	81.0	49.9
Not maintained	16.7	46.1	10.9	9.5	21.6
Complete information about client in the register	88.2	36.8	63.0	14.3	70.4
<b>Sign board displayed</b>	63.2	36.8	93.5	38.1	60.1
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

Record was not maintained by about 22 percent of the cases. Maximum workers not maintaining the record were in Sindh province i.e. 46.1 percent. 70 percent of the workers had recorded complete information about their clients. Only 14 percent of workers had complete information recorded in Balochistan and the figures were 36.8 percent in Sindh. 60 percent of workers had displayed signboard at their residence. Only 36.8 percent in Sindh and 38.1

percent in Balochistan had displayed signboard.

**Table 5.13: Availability of Items by Province**

Availability of Items	Punjab	Sindh	NWFP	Balochistan	Total
Thermometer	48.2	30.3	21.7	28.6	40.2
Coat	82.9	65.8	76.1	47.6	76.5
Register	99.6	92.1	100.0	100.0	98.1
Medicines	13.6	15.8	69.6	33.3	22.1
Bag	6.1	17.1	15.2	33.3	11.1
Box	85.1	51.3	84.8	9.5	73.9
IEC material	75.0	32.9	54.3	57.1	62.8
Any other option	3.9	5.3	0.0	9.5	4.0
<b>N</b>	<b>228</b>	<b>76</b>	<b>46</b>	<b>21</b>	<b>371</b>

Interviewers also observed the availability of certain items, which a worker must possess and the availability of these items is considered to be essential for her day to day activities. The most striking items found to be missing, in a large proportion of cases, were bags, medicines and thermometers. The maintenance of a register with up to-date information is a key for a worker to perform better. In Sindh, there seems to be a deficiency in keeping up and maintaining proper record. This highlights a flaw in the working of a VBFPW herself as well as her supervisory tiers.

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## Chapter 6

# **CORRELATION OF PERFORMANCE**



## Chapter 6

### **CORRELATION OF PERFORMANCE**

The performance of a VBFPW is difficult to judge and assess by any means. There can not be a single yardstick to measure whether a worker performs well or other wise. In this chapter, an attempt has been made to select certain variables, which might have a bearing on the performance of a VBFPW. In this regard, few variables have been selected and these variables have been made to compare with another set of variables and a comparison and correlation has been drawn.

#### **6.1 · SELECTED VARIABLES**

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Two sets of variables have been chosen to develop this correlation. The first set of variables has been termed as 'performance variables' where as the second set is the 'changing variables'.

##### **6.1.1 Performance Variables**

These are a set of five variables, which have been selected taking into consideration the fact that these variables have a bearing on the performance of a VBFPW. These variables are:

1. Number of current users of contraceptives
2. Number of couples contacted
3. Number of new acceptors of contraceptives
4. Number of new couples registered
5. Number of IUD camps arranged

These performance variables have been bifurcated further into two sub-classes. The first three variables have been termed as 'major performance variables' and the last two as 'minor performance variables'. This bifurcation has been done on the basis that the major performance variables are more likely to have an impact on the performance of a worker as compared with minor performance variables.

Excepting the variable No 1, all the other variables have been taken from the six months performance report data of the VBFPWs (Months selected are from September 1998 to February 1999). The mean of the above five variables has been taken. These five performance variables will remain unchanged and will be assessed against a set of another changing variables.

### 6.1.2 Changing Variables

These are a set of variables, which have been correlated with the above-mentioned five performance variables one by one. These changing variables are:

1. Length of service of a VBFPW
2. Educational qualification
3. Duration of initial training
4. Refresher training whether received or other wise
5. Schedule of supervisor's visit
6. Visit schedule of the VBFPW
7. Shortage of contraceptive supplies in the last 6 months
8. Availability of IEC material
9. Availability of work plan

The changing variables, as the name indicates, have been correlated one by one with a set of constant performance variables and inference so drawn has been mentioned in each case. The correlation between these two variables is presented below.

## **6.2 LENGTH OF SERVICE**

Three categories of VBFPWs have been delineated on the basis of their length of service as VBFPW i.e. those with 2 years and less service, those having service between 3-4 years and those with 5 years or more service at their credited. The correlation data is presented in Table 6.1 below.

**Table 6.1: Mean of length of service of VBFPWs by performance variables**

Performance variables	Length of service			Total Mean	N
	2 years and less	3-4 years	5 years and above		
<b>Major performance variables</b>					
Mean number of current users*	56	78	99	73	371
Mean number of couples contacted +	374	525	650	488	371
Mean number of new acceptors of contraceptives +	26	34	24	30	371
<b>Mean minor performance variables</b>					
Mean number of new couples registered +	6	6	10	7	371
Mean number of IUD camps arranged +	1	1	1	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

Nearly all the major performance variables rise with the increasing length of service. A VBFPW with more service at her credit has more current users and new couples registered. The minor performance variables show a constant pattern and are equal for both the categories.

### 6.3 EDUCATIONAL QUALIFICATION

VBFPWs with more than 10 years of schooling have a positive relationship with the major performance variables. However, one of the minor performance variable i.e. registration of new couples has a reverse relationship with educational qualification. The data has been tabulated in Table 6.2

**Table 6.2: Mean of educational qualification of VBFPWs by performance variables**

Performance variables	Educational qualification		Total Mean	N
	Less than 10 years	10 years and more		
<b>Major performance variables</b>				
Mean number of current users *	72	73	73	371
Mean number of couples contacted +	456	513	488	371
Mean number of new acceptors of contraceptives +	28	31	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	7	6	7	371
Mean number of IUD camps arranged +	1	1	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

#### 6.4 DURATION OF INITIAL TRAINING

The duration of initial training has been bifurcated into those workers having less than 4 months training and those with more than 4 months training. Table 6.3 below shows how duration of initial training has a bearing on major and minor performance variables.

**Table 6.3: Mean of duration of initial training received by VBFPWs by performance variables**

Performance variables	Duration of initial training		Total Mean	N
	Less than 4 months	4 months and above		
<b>Major performance variables</b>				
Mean number of current users *	60	74	73	371
Mean number of couples contacted +	432	493	488	371
Mean number of new acceptors of contraceptives +	14	31	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	9	6	7	371
Mean number of IUD camps arranged +	0	1	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

Again here all the three major performance variables show a positive correlation with the duration of training. Those workers who have completed their routine training, have more current users, more couples contacted and also more new acceptors of contraceptives. However, one of the minor performance variables again has a reverse relationship as compared to other minor performance variable indicator of arranging IUD camps, which shows a constant pattern

## 6.5 REFRESHER TRAINING

Refresher training is an important element in the working of VBFPWs especially for those who have joined the scheme at its inception. The impact of refresher training on performance variables has been assessed in Table 6.4.

**Table 6.4: Mean of refresher training received by VBFPWs by performance variables**

Performance variables	Refresher training		Total Mean	N
	Yes	No		
<b>Major performance variables</b>				
Mean number of current users *	79	62	73	371
Mean number of couples contacted +	596	292	488	371
Mean number of new acceptors of contraceptives +	33	24	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	6	8	7	371
Mean number of IUD camps arranged +	1	0	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

The major performance variables once again have a strong positive relationship with the refresher training. Here attention is drawn to the number of couples contacted, which are almost double for workers having received refresher training as compared to those without refresher training. There is again a slight variation in the new couples registered, which are more for workers with out refresher training.

## 6.6 SCHEDULE OF SUPERVISOR'S VISIT

The schedule of a supervisor's visit has been divided into 3 categories i.e. once in a month, one visit in 2 months or more and those workers whose supervisors have never visited.

**Table 6.5: Mean of supervisor's visit schedule by performance variables**

Performance variables	Schedule of supervisor's visit			Total	
	Once in a month	One visit in two months and above	Never visited	Mean	N
<b>Major performance variables</b>					
Mean number of current users *	80	72	43	73	371
Mean number of couples contacted +	554	496	67	488	371
Mean number of new acceptors of contraceptives +	31	31	14	30	371
<b>Minor performance variables</b>					
Mean number of new couples registered +	8	5	7	7	371
Mean number of IUD camps arranged +	1	1	0	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

There is a clear difference in the pattern of major performance variables for those workers whose supervisors have never visited them as compared to those workers who have been visited by their supervisor sometimes or the other. However in the minor performance variables, no clear inference can be made out due to the fact that the relationship has a varied picture. The above correlation has been presented in Table 6.5.

## 6.7 SCHEDULE OF VBFPW'S VISIT

The visit by VBFPWs in their catchment area has been bifurcated into two categories. Those visiting at least twice a week and this include the categories of workers visiting daily, every alternate day and twice a week. The next category includes those workers visiting their assigned area at least once a week and beyond. The inference so drawn, has been presented in Table 6.6.



**Table 6.6: Mean of VBFPW's visit schedule by performance variables**

Performance variables	Schedule of visit by VBFPW		Total Mean	N
	At least twice a week	once a week & above		
<b>Major performance variables</b>				
Mean number of current users *	79	34	73	371
Mean number of couples contacted +	543	166	488	371
Mean number of new acceptors of contraceptives +	32	16	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	6	9	7	371
Mean number of IUD camps arranged +	1	0	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

There is extremely strong positive relationship between the first two major performance variables and visit schedule but the third variable presents a reverse pattern. In case of minor performance variables, no inference can be worked out, as the pattern is a varied one.

## **6.8 SHORTAGE OF CONTRACEPTIVE SUPPLIES**

Table 6.7 presents the data on the shortage of contraceptive supplies in the last six months as reported by the workers by performance variables. All the three major performance variables show a reverse relationship with the workers experiencing shortage of supplies during the last six months. Those workers not experiencing the shortage, the major performance variables have high figures. The minor performance variables, however, again present an ambiguous pattern and no positive correlation can be established.

**Table 6.7: Mean of shortage of contraceptive supplies experienced by VBFPWs by performance variables**

Performance variables	Shortage of contraceptives during last six months		Total Mean	N
	Yes	No		
<b>Major performance variables</b>				
Mean number of current users *	67	75	73	371
Mean number of couples contacted +	411	514	488	371
Mean number of new acceptors of contraceptives +	26	31	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	9	6	7	371
Mean number of IUD camps arranged +	1	1	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

## 6.9 AVAILABILITY OF IEC MATERIAL

The availability of IEC material is the only variable, which has a clear positive relationship with both the major as well as minor performance variables. The striking feature is the effect of availability of IEC material on the number of couples contacted which are almost double as compared with those workers with out IEC material. Both the minor performance variables show a positive relationship. The data is presented in Table 6.8.

**Table 6.8: Mean of availability of IEC material by performance variables**

Performance variables	Availability of IEC material		Total Mean	N
	Yes	No		
<b>Major performance variables</b>				
Mean number of current users *	78	62	73	371
Mean number of couples contacted +	586	273	488	371
Mean number of new acceptors of contraceptives +	32	25	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	7	6	7	371
Mean number of IUD camps arranged +	1	1	1	371

Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

## 6.10 PREPARATION OF WORK PLAN

The workers who prepare the work plan have more than double the number of current users and couples contacted. The third major performance variable i.e. new acceptors of contraceptives also have more numbers for those workers making the work plan. Table 6.9 below highlights this correlation. The minor performance variables, however, again have a varied pattern with no clear pattern coming out.

**Table 6.9: Mean of Preparation of work plan by VBFPWs by performance variables**

Performance variables	Preparation of work plan		Total Mean	N
	Yes	No		
<b>Major performance variables</b>				
Mean number of current users *	85	47	73	371
Mean number of couples contacted +	626	205	488	371
Mean number of new acceptors of contraceptives +	32	26	30	371
<b>Minor performance variables</b>				
Mean number of new couples registered +	5	9	7	371
Mean number of IUD camps arranged +	1	1	1	371

\* Figures taken from the registers maintained by the VBFPWs

+ Six months figures taken from the performance reports of VBFPWs (September 1998 to February 1999)

## CONCLUSION

By examining all the correlation on the whole, it can be safely concluded that almost all the changing variables have a strong positive relationship with major performance variables. The minor performance variables, however, present an ambiguous pattern and except in few cases, no clear-cut conclusion can be made out.

By analyzing the individual variables, some changing variables have shown a strong positive impact on the performance of the workers. These variables are, the duration of initial training, receiving of refresher training, availability of IEC material, schedule of supervisor's and worker's visit and preparation of work plan. All these variables must be taken into account by the programme managers to further enhance the performance of a worker.

The variables like length of service, educational qualification and shortage of contraceptive supplies though have a positive impact on the performance of a worker but the results are not so conclusive so as to designate the relationship as strong.

## Chapter 7

# **RESPONSE FROM THE ELIGIBLE WOMEN**

Chapter V

RESPONSE FROM THE ELIGIBLE WOMEN

## Chapter 7

### RESPONSE FROM THE ELIGIBLE WOMEN

A randomly selected sample of 15 clients per each sampled VBFPW was drawn by using systematic random sampling technique. These clients were taken from the register maintained by the workers. Module III of the questionnaire was used to interview the clients. This chapter entails the background characteristics, the contraceptive use status and reproductive intentions of the eligible women.

#### 7.1 BACKGROUND CHARACTERISTICS

Characteristics like age, education and mean age at first marriage have an established effect on fertility and contraceptive use. These characteristics of the eligible women are grouped together by province in Table 7.1.

**Table 7.1: Eligible women's age, education and mean age at first marriage by province**

Characteristics	Punjab	Sindh	NWFP	Balochistan	Total
<b>Age</b>					
15-19	2.6	4.6	2.5	7.8	3.2
20-24	12.3	15.6	15.2	16.7	13.4
25-29	23.5	19.8	20.2	26.4	22.8
30-34	24.9	19.2	24.0	20.8	23.6
35-39	21.7	20.9	18.8	17.1	20.9
40-44	11.1	13.7	13.1	8.6	11.5
45-49	4.0	6.3	6.3	2.6	4.5
<b>Mean</b>	<b>32.19</b>	<b>32.11</b>	<b>32.36</b>	<b>30.51</b>	<b>32.02</b>
<b>Education</b>					
No education	72.7	74.1	76.7	77.7	73.7
0-5	14.3	15.6	12.1	10.4	14.0
6-10	11.0	6.0	9.6	10.4	10.0
11-16	2.0	4.3	1.7	1.5	2.3
<b>Mean age at first marriage</b>	<b>18.97</b>	<b>17.46</b>	<b>18.27</b>	<b>17.28</b>	<b>18.54</b>
<b>N</b>	<b>2766</b>	<b>652</b>	<b>480</b>	<b>269</b>	<b>4167</b>

The mean age has been calculated to be 32.02 with almost similar distribution for three provinces except Balochistan where the mean age is the lowest (30.51). The pattern of age distribution is such that maximum percentage is between ages 30-39 (44 percent) as compared

to earlier age structure between 20-29 (36 percent) and later age structure of 40 years and above. This shows that more women have now entered into this upper age bracket. As the scheme was started in 1992, the currently married women registered by the VBFPWs around that period have now entered this higher age bracket with the feeding age (15-19 years) could not keep pace with the advancing age.

73.7 percent of the clients have no formal or informal education. This percentage is highest in Balochistan with 77.7 percent eligible women without formal or informal education followed by NWFP with 76.7 percent. Those women with 5 years schooling have a percentage of 14, those with schooling between 6-10 years are 10 percent. Only 2.3 percent women were with an education between 11 years and above.

Mean age at first marriage has been estimated to be 18.54. It is lowest in Balochistan (17.28) followed closely by Sindh with a mean age of 17.46. Punjab has the highest mean age at marriage with figures close to 19 years. It is 18.27 years in NWFP.

Maximum number of clients had four children. The category of clients having 6+ children was highest in NWFP. Table 7.2 provides detail of living children by province. The range of children varied from 0 to those having 13 children (Not shown in the Table)

**Table 7.2: Living children of eligible women by province**

Living Children	Province				Total
	Punjab	Sindh	NWFP	Balochistan	
0	0.7	0.6	0.6	1.1	0.7
1	10.3	10.8	8.8	10.0	10.2
2	12.6	10.8	11.3	13.4	12.2
3	14.7	15.5	13.8	12.6	14.6
4	16.7	13.8	15.0	18.2	16.1
5	14.5	11.2	11.7	13.0	13.6
6+	30.5	37.3	39.0	31.6	32.6
N	2766	652	480	269	4167

## 7.2 FERTILITY LEVEL, REPRODUCTIVE DESIRE AND CURRENT PREGNANCY STATUS

The clients of VBFPW were asked about their current pregnancy status. The results are presented in Table 7.3. 12.7 percent of the eligible women interviewed were pregnant at the time of interview with only 1 percent not sure about their pregnancy status. The pregnancy status was lowest in NWFP (8.1 percent), highest in Sindh (18.1 percent) followed in between by Punjab (11.9 percent) and Balochistan (16 percent)



**Table 7.3: Eligible women's pregnancy status and desire for children by province**

Pregnancy status and desire for children	Punjab	Sindh	NWFP	Balochistan	Total
Pregnancy status	11.9	18.1	8.1	16	12.7
Desire for children	42	44.5	31.3	63.6	42.7
<b>N</b>	<b>2766</b>	<b>652</b>	<b>480</b>	<b>269</b>	<b>4167</b>

Overall 42.5 percent of married women have future desire for children. Future desire is highest in Balochistan (63.6 percent) and lowest in NWFP at 31.3 percent.

**Table 7.4: Eligible women's desire for children by living children**

Desire for children	Living children							Total
	0	1	2	3	4	5	6+	
Yes	100	93.6	78.8	53.0	28.1	17.3	24.8	42.7
No	0.0	6.4	21.2	47.0	71.9	82.7	75.2	57.3
<b>N</b>	<b>284</b>	<b>423</b>	<b>509</b>	<b>608</b>	<b>672</b>	<b>566</b>	<b>1105</b>	<b>4167</b>

Table 7.4 shows patterns of future desire with number of living children. This pattern has a negative relationship with the number of living children. As the number of living children increase, the desire for further children decreases and vice a versa.

### **7.3 CONTRACEPTIVE USE**

The main thrust of VBFPW scheme revolves around the knowledge and use of contraceptives. One of the major indirect component in judging the performance of a VBFPW is how she imparts the knowledge of FP to her clients and informs her about the side effects of contraceptive. The client's perspective about contraceptives has been discussed in this section.

#### **7.3.1 Knowledge of Contraceptives**

It is one of the prime duties of a VBFPW to spread awareness about FP issues and increase its use amongst her clients. To assess the knowledge of contraceptives, the sampled clients were inquired about their contraceptive knowledge. Prompting different methods to them assessed their knowledge about contraceptives. Table 7.5 shows the percent distribution of eligible women's knowledge of contraceptives by age, province and education.

**Table 7.5: Percentage of eligible women who know at least one contraceptive method by background characteristics**

<b>Background characteristics</b>	<b>Know any method</b>	<b>Number of women</b>
<b>Age</b>		
15-19	98.5	131
20-24	98.5	545
25-29	100	930
30-34	100.0	951
35-39	100.0	854
40-44	100.0	468
45-49	99.8	181
<b>Province</b>		
Punjab	100.0	2737
Sindh	100.0	597
NWFP	99.1	461
Balochistan	100.0	265
<b>Education</b>		
No education	98.8	1968
Informal or Quranic education	99.9	1018
Up to primary	100.0	570
Up to middle	99.5	206
Up to secondary	100.0	205
Above secondary	100.0	93
<b>All</b>	<b>99.9</b>	<b>4060</b>

It was encouraging to note here that almost all the clients had knowledge of any method. There were no major provincial differences in this respect except that in NWFP the knowledge was marginally lower at 99.1 percent. Eligible women with ages 25 onwards had almost 100 percent knowledge of any method as compared to the ones between age 15-24 years. This is the age group, which must be the target and must possess 100 percent knowledge of any method, as is the case for women with advancing age. When compared with education, those eligible women with no education had less knowledge of any one method as compared to the ones having education.

**Table 7.6: Eligible women's knowledge of individual contraceptive methods by province**

<b>Contraceptive knowledge</b>	<b>Punjab</b>	<b>Sindh</b>	<b>NWFP</b>	<b>Balochistan</b>	<b>Total</b>
Pill	99.8	99.8	98.5	100.0	99.7
Condom	98.5	97.0	97.2	98.9	98.1
Vaginal method	14.3	27.3	29.7	1.9	17.1
Injection	99.5	99.8	98.7	100.0	99.5
IUD	99.3	99.5	95.7	98.5	98.8
Female sterilization	99.6	99.5	98.3	95.5	99.2
Male sterilization	82.5	46.4	52.1	60.8	72.3
Rhythm method	25.6	36.2	39.9	0.8	27.2
Withdrawal	74.8	39.9	72.9	1.5	64.7
Norplant	25.6	47.9	16.7	30.9	28.2
Others	1.5	4.2	2.8	0.8	2.0
Any one method	100.0	100.0	99.1	100.0	99.9
<b>N</b>	<b>2737</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

However, there is a variation amongst the knowledge of individual methods. The knowledge about pill, condom, injection, IUD and female sterilization ranges between 98-99 percent. These are, in fact, the methods most commonly used and their use has also been stressed upon by the programme personals. It is also encouraging to note that the knowledge about injections is on the rise and was found to be 99.5 percent. The knowledge about vaginal methods was at 17.1 percent probably due to the fact that these methods are obsolete as far as the Population Welfare Programme is concerned. Knowledge about the traditional methods was also not up to the mark. Awareness about rhythm was 27.2 percent and in Balochistan it was as low as 8 percent. Withdrawal was reported to be known to as many as 64.7 percent of the clients. In Sindh and Balochistan, it was surprisingly low at 39.9 and 1.5 percent respectively. These low percentages, however, can be attributed to the lack of interviewer's ability to put the question in an appropriate manner to the clients. Knowledge about male sterilization was 72.3 percent. This is well below female sterilization, which was at 99.2 percent. The awareness about male sterilization needs more attention and there is a need to enhance its knowledge and awareness. Norplant being a newly introduced method has an awareness percentage of 28.2. Its knowledge is surprisingly high in Sindh at 47.9 percent and low in NWFP (16.9 percent). Only 2 percent of clients had knowledge of any other method.

### 7.3.2 First Method

Table 7.7 presents a province wise distribution of choice of first method. Pill was the most commonly used first method (27.9 percent) and this was also the case in all the three provinces except NWFP where withdrawal is the most common method. Condom was the second most common followed by IUD.

**Table 7.7: Eligible women's choice of first contraceptive method by province**

Contraceptive methods	Punjab	Sindh	NWFP	Balochistan	Total
Pill	24.6	41.6	20.4	56.9	27.9
Condom	19.6	10.6	21.0	27.1	19.2
Vaginal method	0.1	0.3	1.0	0.0	0.2
Injection	12.3	21.5	22.0	8.3	14.4
IUD	21.9	9.6	7.0	5.6	17.6
Female sterilization	6.3	10.6	2.9	0.7	6.1
Rhythm	.09	2.7	1.0	0.0	1.0
Withdrawal	13.7	2.0	23.9	0.0	12.8
Any other method	0.6	1.0	1.0	1.4	0.7
<b>N</b>	<b>1736</b>	<b>293</b>	<b>314</b>	<b>144</b>	<b>2487</b>

Table 7.8 shows that out of those who chose pill as first method, 63.5 percent were recommended by VBFPW, 41.3 percent of condom users were recommended by VBFPW and injections 52 percent. Out of those methods which are not supplied by a VBFPW and which she only recommends, IUD has been chosen by 50.2 percent as the first method, Female sterilization by 40.4 percent and traditional methods 20 percent.

**Table 7.8: Percentage of source of recommendation of first contraceptive method**

Contraceptive methods	Recommendation by								Total
	VBFPW	LHW	Other acceptor	Husband	Friend/relative	Some one else	On information through media	Other	
Pill	63.5	3.2	6.3	11.4	7.1	0.3	1.0	7.3	695
Condom	41.3	0.6	2.5	48.4	1.9	0.2	0.6	4.4	477
Vaginal method	20.0	0.0	20.0	40.0	20.0	0.0	0.0	0.0	5
Injection	52.0	2.5	8.1	12.8	11.2	1.4	2.0	10.1	358
IUD	50.2	2.5	8.9	11.2	9.4	1.1	1.4	15.3	438
Female sterilization	40.4	0.0	6.0	19.9	9.3	2.6	0.7	21.2	151
Rhythm	15.4	3.8	3.8	46.2	11.5	3.8	3.8	11.5	26
Withdrawal	4.7	0.3	1.9	83.1	6.6	.9	0.6	1.9	319
Any other method	0.0	5.6	5.6	16.7	55.6	5.6	0.0	11.1	18
<b>Total</b>	<b>45.2</b>	<b>1.9</b>	<b>5.7</b>	<b>28.8</b>	<b>7.6</b>	<b>.9</b>	<b>1.1</b>	<b>8.8</b>	<b>2487</b>

#### 7.3.4 Ever Use of contraceptives

Clients of a VBFPW who knew a specific method were asked about the usage of that particular method. A province wise distribution of ever use of contraceptive methods is presented in Table 7.9.

**Table 7.9: Percentage of ever use of individual contraceptive methods by province**

Contraceptive methods	Punjab	Sindh	NWFP	Balochistan	Total
Pill	24.88	28.3	27.77	36.6	26.48
Condom	22.43	14.2	27.33	21.8	21.75
Vaginal method	0.25	1.01	1.08	0.0	0.44
Injection	14.21	18.4	29.28	8.6	16.18
IUD	22.47	10.9	12.58	5.2	18.52
Female Sterilization	7.49	9.21	6.5	0.75	7.19
Rhythm	3.8	5.86	10.41	0.0	4.6
Withdrawal	22.32	5.7	33.41	0.0	19.68
Norplant	0.14	0.01	0.0	0.0	0.09
Other	0.62	1.01	1.51	0.75	0.78
Any method	63.5	49.1	68.7	54.3	61.3
<b>N</b>	<b>2733</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

Ever use of any method is 61.3 percent. Pill is the most widely ever used method (26.5 percent) and is followed by condom 21.7 percent. Withdrawal is third most widely used method (19.7 percent) followed by IUD (18.5 percent). Ever use of injections is on the rise and it is at 16.2 percent. Female sterilization is surprisingly low at 7.2 percent. The ever use of

rhythm and Norplant is extremely low. One glaring aspect is male sterilization and not a single case of male sterilization was detected.

In the provincial setup, the ever use pattern is as follows:

In Punjab, ever use of any method is second only to NWFP (63.5 percent). Pill is the most common method (24.9 percent) followed closely by IUD, condom and withdrawal, all the three having percentages of above 22 percent. Injection is next at 14.2 percent.

In Sindh, ever use of any method is lowest (49 percent). Pill is again the most commonly ever used method followed by injection at 18.4 percent, condom at 14.2 percent. IUD is next (10.9 percent) followed closely by female sterilization with a percentage of 9.2.

In NWFP, ever use of any one method is the highest with a percentage of 68.7. The individual methods, however, have a different pattern as compared with rest of the three provinces. Here withdrawal is the most commonly ever used method with a percentage of 33.7, injection is the second most common method (29.5 percent). This is due to the fact that injection has been introduced in a number of districts of NWFP, which is being distributed by the VBFPWs along with pill and condom. Pill is at third place and condom is fourth in line.

In Balochistan, ever use of any method is 54.3 percent. Pill is the most common method (36.6 percent) followed by condom at 21.9 percent.

**Table 7.10: Source of recommendation of ever use of contraceptive methods by province**

Recommendations	Punjab	Sindh	NWFP	Balochistan	Total
VBFPW	56.6	49.8	38.9	77.1	54.7
LHW	0.8	4.8	1.6	0.7	1.4
FWW/FWA	0.7	1.4	1.0	5.6	1.1
Husband	22.0	13.0	35.4	7.6	21.8
Friends/relatives	8.0	11.9	14.3	2.8	9.0
Doctor	1.6	7.2	3.8	0.7	2.5
Another acceptor	3.0	9.2	3.2	5.6	3.9
Paramedics	1.3	0.3	0.0	0.0	0.9
Radio programme	0.2	0.0	0.0	0.0	0.1
T.V programme	1.5	0.7	1.0	0.0	1.2
Any other	4.4	1.7	1.0	0.0	3.4
<b>N</b>	<b>1736</b>	<b>293</b>	<b>314</b>	<b>144</b>	<b>2487</b>

54.7 percent cases of ever use were recommended by VBFPWs (Table 7.10). Husbands have a share in recommending 21.8 percent of ever users followed by the category of friends and relatives. Rest of the categories are very low and not worth mentioning. The role of medical and para medical staff is also negligible (3.4 percent). Media also doesn't play any significant role (percentage just over 1 percent).

The provincial breakup of recommendations varies in certain parameters. The recommendation by VBFPWs is as low as 38.9 percent in NWFP and as high as 77.1 percent in Balochistan. The role of husbands is as high as 35.4 percent in NWFP and as low as 7.6 percent in Balochistan.

**Table 7.11: Reasons for ever use of contraceptive methods by province**

Reasons	Punjab	Sindh	NWFP	Balochistan	Total
Wanted no more children	40.7	34.8	41.4	39.6	40.0
Wanted spacing between birth	57.9	60.1	56.7	56.3	57.9
Health problems	1.3	5.1	1.6	3.5	1.9
Other reasons	0.1	0.0	0.3	0.7	0.1
<b>N</b>	<b>1736</b>	<b>293</b>	<b>314</b>	<b>144</b>	<b>2487</b>

The clients were asked for the reasons why they used contraceptives and the results are depicted in Table 7.11 above. 7.9 percent are of the opinion that they wanted spacing between births. 40 percent wanted no more children and only 1.9 percent started using contraception due to any health problem. There is no considerable provincial variation in this category.

### 7.3.5 Contraceptive use by age of the eligible women

Table 7.12 presents a correlation between use of contraceptives by age of the eligible women. The current users of contraceptives are lowest in the women of early ages. It increases as the age advances till the late thirties and then there is a decline starting from early to late 40s. However, the non-user status shows almost a reverse pattern i.e. it is higher in the age group, 15-19 years, steadily declines in the middle and then rises in the early to late 40s.

**Table 7.12: Percentage of current use, drop outs and non-use of contraceptives by age of the eligible women**

Age	Current users	Drop outs	Non-users	N
15-19	13.7	6.9	79.4	131
20-24	23.1	19.8	57.1	545
25-29	36.6	23.2	40.2	930
30-34	47.6	20.4	32.0	951
35-39	53.9	17.3	28.8	854
40-44	50.0	16.7	33.3	468
45-49	37.6	19.3	43.1	181
<b>Total</b>	<b>41.8</b>	<b>19.4</b>	<b>38.7</b>	<b>4060</b>

As far as the individual methods in each age cohort are concerned (Table 7.13), women with younger age prefer to use the method like pill, condom and injection whereas the use of female sterilization is a preferred method with women of advancing age who have completed their family. In the case of IUD, however, it is low to start with but keeps an almost steady pace till the higher age group is reached.

**Table 7.13: Current use of pill, condom, IUD and female sterilization by age of the eligible women**

Age	Pill	Condom	Injection	IUD	Female sterilization	N
15-19	27.8	33.3	16.7	11.1	0.0	18
20-24	27.0	27.0	10.3	19.8	2.4	126
25-29	22.4	22.6	10.3	24.7	7.6	340
30-34	15.5	24.7	12.4	21.9	16.3	453
35-39	18.0	17.0	10.2	24.1	20.7	460
40-44	20.1	12.8	9.0	20.1	27.4	234
45-49	20.6	7.4	1.5	22.1	42.6	68
<b>Total</b>	<b>19.4</b>	<b>20.1</b>	<b>10.4</b>	<b>22.5</b>	<b>17.1</b>	<b>1699</b>



### 7.3.5 Contraceptive use by Living Children

Table 7.14 shows the use of contraceptives by living children of the eligible women. The use of contraceptives increases with the advancing parity. It is lowest in the women with low parity and has a rise as the number of children increase. In case of non-users, converse is true and the non-users increase with advancing parity and vice a versa.

**Table 7.14: Percentage of current use, drop outs and non-use of contraceptives by living children of eligible women**

Living children	Current users	Drop outs	Non-users	N
0	3.3	6.6	83.33	30
1	16.8	14.86	68.35	417
2	32.5	22.89	44.59	498
3	42.7	22.80	34.29	592
4	49.2	22.29	28.40	655
5	54.3	23.01	22.69	551
6+	44.9	15.33	39.48	1317
<b>Total</b>	<b>41.8</b>	<b>19.4</b>	<b>38.7</b>	<b>4060</b>

When the contraceptive use is plotted against individual methods (Table 7.15), it becomes clear that temporary methods like condom and pill are more popular in women with low parity whereas permanent methods like female sterilization are used by women with high parity.

**Table 7.15: Current use of pill, condom, IUD and female sterilization by living children of eligible women**

Living children	Pill	Condom	IUD	Female sterilization	N
0	100.0	0.0	0.0	0.0	1
1	14.3	38.6	15.7	0.0	70
2	25.3	27.2	24.1	1.2	162
3	23.3	22.5	25.7	5.9	253
4	14.2	22.9	26.6	17.0	323
5	20.1	20.7	20.1	18.7	299
6+	19.0	13.2	20.6	27.6	591
<b>Total</b>	<b>19.4</b>	<b>20.1</b>	<b>22.5</b>	<b>17.1</b>	<b>1699</b>

### 7.3.6 Contraceptive use by education

Contraceptive use is more likely to increase with increasing level of education. The available data presented in Table 7.16 highlights this correlation where the eligible women with any level of education has a higher use rate of contraceptives as compared to eligible women with

no education. Similarly the pattern is reversed in case of non users where the rate of non users is greater for un-educated eligible women than those with any level of education the case of un-educated eligible women could not be clearly highlighted as the available figures have shown an ambiguous pattern.

**Table 7.16: Contraceptive users by Education**

Education level	Current users	Drop outs	Non-users	N
Eligible women with education	44.4	21.1	34.5	1074
No education	40.9	18.8	40.3	2986
<b>Total</b>	<b>41.8</b>	<b>19.4</b>	<b>38.7</b>	<b>4060</b>

### 7.3.7 Contraceptive use status by VBFPW's visit

Table 7.17 contains visit schedule of VBFPWs by contraceptive use as reported by the eligible women. It is evident from the data that the number of users is more in the areas where VBFPWs visit more frequently. As the number of visits decline, the number of current users also falls.

**Table 7.17: Percentage of current use, drop outs and non-use of contraceptives by visit schedule of a VBFPW**

Visits	Current users	Drop outs	Non-users	N
At least once in a month	47.4	20.3	32.3	2152
Once in two months	39.9	20.5	39.7	918
Once in three months	35.5	16.0	48.5	425
Once in six months and above	28.9	16.9	54.2	432
<b>Total</b>	<b>42.3</b>	<b>19.5</b>	<b>38.2</b>	<b>3927</b>

The visit schedule of VBFPWs by individual methods as shown in Table 7.18, highlights that as the supervisory visits decline, the current users of methods like pill, condom, IUD and female sterilization also fall. This clearly shows the importance of supervision of VBFPWs in respect to their efficiency.

**Table 7.18: Current use of pill, condom, IUD and female sterilization by visit schedule of a VBFPW**

Visit	Pill	Condom	IUD	Female sterilization	N
At least once in a month	67.2	66.1	63.7	47.1	1019
Once in two months	24.3	20.5	19.6	17.9	366
Once in three months	6.1	6.1	9.9	11.3	151
Once in six months and above	1.2	5.5	4.9	19.6	125
Never visited	1.2	1.8	1.8	4.1	38
<b>Total</b>	<b>19.6</b>	<b>20.2</b>	<b>22.6</b>	<b>16.8</b>	<b>1699</b>

### 7.3.8 Current Use of Contraceptives

Enhancing the number of current users of contraception in her vicinity is considered to be the duty number one of a VBFPW. Workers not only supply contraceptives but also motivate and guide her clients to use contraceptives of their choice.

**Table 7.19: Method specific contraceptive prevalence by province**

Contraceptive methods	Punjab	Sindh	NWFP	Balochistan	Total
<b>Any one method</b>	45.1	29.6	41.6	36.2	<b>41.8</b>
<b>Not using any method</b>	54.9	70.4	58.4	63.8	<b>58.2</b>
<b>Individual methods</b>					
Pill	7.7	6.0	7.4	18.1	<b>8.1</b>
Condom	9.5	2.7	9.3	9.1	<b>8.4</b>
Vaginal methods	0.0	0.2	0.0	0.0	<b>0.0</b>
Injection	3.6	4.4	9.1	3.8	<b>4.3</b>
IUD	11.9	4.4	3.9	4.5	<b>9.4</b>
Female sterilization	7.5	9.2	6.5	0.8	<b>7.2</b>
Rhythm	0.3	0.7	0.0	0.0	<b>0.3</b>
Withdrawal	4.3	2.0	5.2	0.0	<b>3.8</b>
Norplant	0.1	0.0	0.0	0.0	<b>0.1</b>
Other	0.2	0.2	0.2	0.0	<b>0.2</b>
<b>N</b>	<b>2737</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

Table 7.19 shows the current status of specific method use by province. According to the data available, the Contraceptive Prevalence Rate is 41.8 percent.

On the whole, IUD is the most common contraceptive method currently in use with 22.1

percent prevalence rate. It is followed by condom at 20.1 percent and is very closely followed by pill at 19.4 percent. Female sterilization is the fourth most common method currently in use with 17.1 percent. The current prevalence of injection is on the rise with 10.4 percent rate.

There is a considerable provincial variation in the current use of contraceptives such as all the provinces differ in the most common current contraceptive method in use. In Punjab, it is IUD, in Sindh, it is Female Sterilization, in NWFP, it is the condom and in Balochistan, it is the pill.

Female sterilization is the most common currently used method in Sindh. This is due to the fact that the Govt. of Sindh has passed an office order for the VBFPWs to bring at least one case of sterilization each month. The second most common method in Punjab and Balochistan is condom and in Sindh it is pill whilst in NWFP it is injection. The prevalence of sterilization is as low as 2 percent in Balochistan. Efforts may be directed to improve this percentage to bring it at par with other provinces. The current use of IUD is low in NWFP (9.4 percent) as compared to other provinces. A well directed policy could be initiated to improve the percentage of IUD users. The current use status of condom in Sindh is not satisfactory (9.1 percent). There is room for improvement and to enhance the percentage of condom users.

**Table 7.20: Current use -top four contraceptive methods by province**

S.	Punjab	Sind	NWFP	Balochistan	Total
NO					
1	IUD	F. Sterilization	Condom	Pill	IUD
2	Condom	Pill	Injection	Condom	Condom
3	Pill	IUD	Pill	IUD	Pill
4	F. Sterilization	Injection	F. Sterilization	Injection	F. Sterilization

Table 7.20 shows the top four contraceptive methods in current use by province.

The prevalence of current use status of contraceptives by age of the eligible women is presented in Table 7.21. According to the data, the current use of any method is 41.8 percent. The use of pill, condom and injection is higher in ages 15-29' and then decline steadily. IUD is low to start with i.e. in the ages 15-24 years and then maintains a steady level in the age groups 25 years and beyond. Female sterilization is not practiced in the early years and is directly proportional to the age. As the age of the eligible women increases, the sterilization cases also increase.

**Table 7.21: Method specific contraceptive prevalence by age of eligible women**

Contraceptives	Eligible women's age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Pill	3.8	6.2	8.2	7.4	9.7	10.0	7.7	8.1
Condom	4.6	6.2	8.3	11.8	9.1	6.4	2.8	8.4
Vaginal method	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0
Injection	2.3	2.4	3.8	5.9	5.5	4.5	0.6	4.2
IUD	1.5	4.6	9.0	10.4	13.0	10.0	8.3	9.4
Female sterilization	0.0	0.6	2.8	7.8	11.1	13.7	16.0	7.2
Rhythm	0.0	0.2	0.4	0.0	0.7	0.2	0.6	0.3
Withdrawal	1.5	2.9	3.9	4.3	4.1	4.3	1.7	3.8
Norplant	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.1
Other	0.0	0.0	0.2	0.1	0.2	0.4	0.0	0.2
<b>Not using any method</b>	<b>86.3</b>	<b>76.9</b>	<b>63.4</b>	<b>52.4</b>	<b>46.1</b>	<b>50.0</b>	<b>62.4</b>	<b>58.2</b>
<b>N</b>	<b>131</b>	<b>545</b>	<b>930</b>	<b>1253</b>	<b>854</b>	<b>234</b>	<b>113</b>	<b>4060</b>

Table 7.22 shows a data on the recommendations of current use.

**Table 7.22: Recommendation of current use by province**

Recommended by	Punjab	Sindh	NWFP	Balochistan	Total
VBFPW	57.9	48.6	43.8	82.3	<b>56.7</b>
LHW	0.5	2.8	2.6	0.0	<b>0.9</b>
Other acceptor	2.8	12.4	2.6	2.1	<b>3.8</b>
Husband	25.2	19.2	41.1	11.5	<b>25.6</b>
Friend/relative	4.9	6.2	4.7	0.0	<b>4.7</b>
Some one else	0.4	0.0	0.0	0.0	<b>0.0</b>
Other	8.3	10.7	5.2	4.2	<b>7.9</b>
<b>N</b>	<b>1234</b>	<b>177</b>	<b>192</b>	<b>96</b>	<b>1699</b>

VBFPWs in 56.7 percent of the cases recommended methods of current use. This recommendation is as high as 82.3 percent in Balochistan while the other three provinces have almost even figures. Husbands are the next big recommendee of the current method with a percentage of 25.6 percent. In NWFP, husbands have a share of 41.1 percent in recommending the method of current use.

What is the source of supply of these contraceptives. Table 7.23 below presents a province wise breakup of source of supply of contraceptives. In almost 60 percent of the cases, a client

gets her supplies of contraceptives from a VBFPW. In Balochistan, 92 percent of clients reported getting supplies from a worker while the rate in the other three provinces ranges between 56 to 60 percent

**Table 7.23: Supplies of contraceptives to current users by province**

Method supplied by	Punjab	Sindh	NWFP	Balochistan	Total
VBFPW	57.6	56.6	60.5	92.3	60.1
LHW	1.1	3.3	3.7	0.0	1.5
FWC	16.7	13.9	5.6	4.4	14.4
Drug store	3.4	6.6	9.3	0.0	4.1
Hospital	4.7	8.2	6.2	3.3	5.1
NGO centre	0.0	0.8	0.0	0.0	0.1
Other	16.5	10.7	14.8	0.0	14.8
<b>N</b>	<b>1028</b>	<b>122</b>	<b>1162</b>	<b>91</b>	<b>1403</b>

The period of continuous current use of contraceptives is spread between one month to 18 years. Around 40 percent of current users are using contraception for less than a year, between 1-4 years, - 53.4 percent, 5-8 years - 5.8 percent and beyond 8 years there are 1.4 percent cases. Table 7.24 highlights the above data.

**Table 7.24: Period of continuous current use of contraceptive use**

Period of continuous current use	Percentage	N
Less than a year	39.6	672
1-4 years	53.4	1205
5-8 years	5.8	100
More than 8 years	1.4	14
<b>N</b>	<b>100</b>	<b>1699</b>

### **7.3.9 Side effects of current users of contraceptives**

About 17.7 percent of current users experienced side effects after using a particular contraceptive method. Out of five maximally used contraceptives, Female sterilization was the method whose user reported maximum side effects (27.1 percent). The least no of users of condoms reported the side effects (3.2 percent). Bleeding was most commonly reported side effect (24.3 percent) followed by irregular menses (23.9 percent) and headache/dizziness at 17.9 percent. Tables 7.25 and 7.26 present the above figures of side effects.

**Table 7.25 Side effects experienced by current users of contraceptives**

Contraceptive methods	Side effect of contraceptives				N
	Yes		No		
	N	Percent	N	Percent	
Pill	87	26.4	242	73.6	329
Condom	11	3.2	331	96.8	342
Vaginal method	1	50.0	1	50.0	2
Injection	45	25.6	131	74.4	176
IUD	74	19.3	309	80.7	383
Female sterilization	79	27.1	212	72.9	291
Rhythm	0	0.0	13	100.0	13
Withdrawal	2	1.3	151	98.7	153
Norplant	1	33.3	2	66.7	3
Other	1	14.3	6	85.7	7
<b>N</b>	<b>301</b>	<b>17.7</b>	<b>1398</b>	<b>82.3</b>	<b>1699</b>

**Table 7.26: Types of side effects experienced by current users of contraceptives by province**

Side effects	Punjab	Sindh	NWFP	Balochistan	Total
Obesity	9.7	6.4	4.5	37.1	11.6
Headache/dizziness	16.6	29.8	11.4	17.1	17.9
Other health problems	17.7	10.6	22.7	5.7	15.9
Interference with sex	0.0	0.0	4.5	0.0	0.7
Psychological	1.1	2.1	2.3	0.0	1.3
Bleeding	23.4	34.0	18.2	22.9	24.3
Irregular menses	25.1	17.0	36.4	11.4	23.9
Any other side effect	6.3	0.0	0.0	5.7	4.3
<b>N</b>	<b>175</b>	<b>47</b>	<b>44</b>	<b>35</b>	<b>301</b>

### 7.3.10 Drop Outs

This category of eligible women who have used at least one method in the past and are currently not using any FP method present a very interesting picture (Table.7.27)

**Table 7.27: Reasons for drop out by province**

Reasons	Punjab	Sindh	NWFP	Balochistan	Total
Want more sons	5.2	7.8	2.5	6.3	5.2
Want more daughters	1.2	1.7	0.0	0.0	1.0
Want more children	8.8	6.0	8.2	27.1	9.4
Currently pregnant	23.5	23.3	17.2	27.1	22.7
Side effects of contraceptives	11.2	16.4	7.4	2.1	10.8
Contraceptive method of choice is not available	0.4	0.0	0.0	0.0	0.3
Able to naturally space children	23.5	28.4	29.5	16.7	24.7
Methods are expensive	0.4	0.0	0.0	0.0	0.3
No method is suitable	2.0	2.6	.08	0.0	1.8
Other	23.9	13.8	34.4	20.8	23.9
<b>N</b>	<b>502</b>	<b>116</b>	<b>122</b>	<b>48</b>	<b>788</b>

Around 23 percent of dropouts are currently pregnant. By combining first four categories in Table 7.18, it is presumed that around 38 percent of the dropouts want to have more children. This is a point of concern and possible slot for an intervention by the programme managers. There is another point of concern for the programme managers, 22 percent of dropped outs are due to the reasons that may be termed as a flaw in the working of the Population Welfare Programme. This includes dropouts due to side effects of contraceptives (10.8 percent), no method is suitable (1.8 percent), suitability of contraceptives due to cost and other factors (0.6 percent). These reasons can be looked into and the misconception of the dropouts can be targeted by an effective IEC campaign. About 24.7 percent of women dropped out because they are able to space their children naturally and as such do not require FP services.

**Table 7.28: Future desire to use contraceptives by drop outs by province**

Future use	Punjab	Sindh	NWFP	Balochistan	Total
Yes	84.1	81.9	91.0	93.8	85.4
No	15.9	18.1	9.0	6.3	14.6
<b>N</b>	<b>502</b>	<b>116</b>	<b>122</b>	<b>48</b>	<b>788</b>

About 85.4 percent dropouts have reported that they will use contraceptive methods in future. This is an encouraging sign and possible potential clients for the future (Table 7.28)

### 7.3.11 Never Users

Never users of FP method were asked the reasons for not using any family planning



method.(Table 7.29). It is pertinent to mention here that 53 percent of women do not practice FP because of desire for more children. Religion and fatalism have been quoted as possible causes of never use by as many as 12.1 percent women. Whilst 5.4 percent cite the opposition of husband or mother in law as a cause of never use. 4.6 percent fear the side effects of contraceptives and 4.3 percent have some health concerns.

**Table 7.29: Percent distribution of reasons for never use of contraceptives by province**

Reasons for never use	Punjab	Sindh	NWFP	Balochistan	Total
It is against religion	4.8	10.2	3.5	11.6	6.3
It is unnatural	0.4	0.3	0.7	0.8	0.4
Fatalistic	7.4	0.7	9.8	1.7	5.9
Want more children	57.1	47.0	44.1	44.6	53.0
Method are expensive	0.0	0.3	0.0	0.0	0.1
Fear of side effect	4.7	5.6	4.2	1.7	4.6
Hard to get methods	0.2	4.3	0.0	0.0	1.0
Methods are inconvenient	0.3	0.0	0.0	0.0	0.2
Health concern	5.8	2.0	2.1	0.8	4.3
Infrequent sex	4.7	1.0	5.6	0.0	3.7
Other reason	10.5	21.4	18.9	33.9	15.2
Husband opposes	3.3	6.3	11.2	0.8	4.4
Mother-in-law opposes	0.8	1.0	0.0	4.1	1.0
<b>N</b>	<b>1000</b>	<b>304</b>	<b>143</b>	<b>121</b>	<b>1568</b>

There are no considerable provincial variations except that in Punjab about 57 percent of women want more children and 5.8 percent have health concerns. These figures are low in other provinces.

**Table 7.30: Future desire to use contraceptives by never users by province**

Future use	Punjab	Sindh	NWFP	Balochistan	Total
Yes	59.3	55.9	69.2	58.7	59.5
No	40.7	44.1	30.8	41.3	40.5
<b>N</b>	<b>1000</b>	<b>304</b>	<b>143</b>	<b>121</b>	<b>1568</b>

About the intention to use the contraceptives by the never users, 59.5 percent reported that they will use contraceptives in future. This intention is highest in NWFP with 69.2 percent reporting the future desire to use contraceptives. In rest of the three provinces there are no specific variations (Table 7.30)

The first part of the paper is devoted to a description of the data and to a summary of the results. The second part is devoted to a detailed analysis of the results. The third part is devoted to a discussion of the results. The fourth part is devoted to a conclusion.

Table 1. Summary of the results of the regression analysis.

Variable	Mean	Standard Deviation	Minimum	Maximum
Age	50.5	10.2	25.0	75.0
Female	0.45	0.50	0.0	1.0
Married	0.65	0.48	0.0	1.0
White	0.85	0.35	0.0	1.0
High School Graduate	0.75	0.43	0.0	1.0
Health Insurance	0.55	0.50	0.0	1.0
Income	25000	15000	5000	50000
Age squared	1300	1500	625	5625
Female squared	0.20	0.25	0.0	1.0
Married squared	0.42	0.48	0.0	1.0
White squared	0.72	0.50	0.0	1.0
High School Graduate squared	0.56	0.50	0.0	1.0
Health Insurance squared	0.31	0.45	0.0	1.0
Income squared	625000	300000	250000	2500000
Age squared * Female	675	1000	312.5	5625
Age squared * Married	1300	1500	625	5625
Age squared * White	1300	1500	625	5625
Age squared * High School Graduate	1300	1500	625	5625
Age squared * Health Insurance	1300	1500	625	5625
Age squared * Income	3125000	1500000	1562500	15625000
Age squared * Age squared	130000	150000	62500	562500
Age squared * Female squared	1300	1500	625	5625
Age squared * Married squared	1300	1500	625	5625
Age squared * White squared	1300	1500	625	5625
Age squared * High School Graduate squared	1300	1500	625	5625
Age squared * Health Insurance squared	1300	1500	625	5625
Age squared * Income squared	31250000	15000000	15625000	156250000
Age squared * Age squared squared	1300000	1500000	625000	5625000

The results of the regression analysis are reported in Table 1. The first column shows the mean and standard deviation of each variable. The second column shows the minimum and maximum value of each variable. The third column shows the coefficient of each variable in the regression equation. The fourth column shows the t-statistic for each coefficient. The fifth column shows the p-value for each coefficient. The sixth column shows the F-statistic for the overall regression equation. The seventh column shows the adjusted R-squared value for the overall regression equation.

Table 2. Summary of the results of the regression analysis.

Variable	Mean	Standard Deviation	Minimum	Maximum
Age	50.5	10.2	25.0	75.0
Female	0.45	0.50	0.0	1.0
Married	0.65	0.48	0.0	1.0
White	0.85	0.35	0.0	1.0
High School Graduate	0.75	0.43	0.0	1.0
Health Insurance	0.55	0.50	0.0	1.0
Income	25000	15000	5000	50000
Age squared	1300	1500	625	5625
Female squared	0.20	0.25	0.0	1.0
Married squared	0.42	0.48	0.0	1.0
White squared	0.72	0.50	0.0	1.0
High School Graduate squared	0.56	0.50	0.0	1.0
Health Insurance squared	0.31	0.45	0.0	1.0
Income squared	625000	300000	250000	2500000
Age squared * Female	675	1000	312.5	5625
Age squared * Married	1300	1500	625	5625
Age squared * White	1300	1500	625	5625
Age squared * High School Graduate	1300	1500	625	5625
Age squared * Health Insurance	1300	1500	625	5625
Age squared * Income	3125000	1500000	1562500	15625000
Age squared * Age squared	130000	150000	62500	562500
Age squared * Female squared	1300	1500	625	5625
Age squared * Married squared	1300	1500	625	5625
Age squared * White squared	1300	1500	625	5625
Age squared * High School Graduate squared	1300	1500	625	5625
Age squared * Health Insurance squared	1300	1500	625	5625
Age squared * Income squared	31250000	15000000	15625000	156250000
Age squared * Age squared squared	1300000	1500000	625000	5625000

The results of the regression analysis are reported in Table 2. The first column shows the mean and standard deviation of each variable. The second column shows the minimum and maximum value of each variable. The third column shows the coefficient of each variable in the regression equation. The fourth column shows the t-statistic for each coefficient. The fifth column shows the p-value for each coefficient. The sixth column shows the F-statistic for the overall regression equation. The seventh column shows the adjusted R-squared value for the overall regression equation.

Table 3. Summary of the results of the regression analysis.

## Chapter 8

# **PERFORMANCE ASSESSMENT**

Chapter 8

PERFORMANCE ASSESSMENT

## Chapter 8

### PERFORMANCE ASSESSMENT

#### 8.1 INFORMATION ABOUT THE VBFPW

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This chapter contains the information about the existence of a VBFPW and certain contents of her visits to the clients' dwelling. Also it includes findings of an eligible women visiting a workers' residence. Lastly, it describes the quality of care and services provided by a worker as envisaged by her eligible women. So in short, this chapter is a little piece of information about the worker, gathered from her eligible women about her existence, visits and services provided. The VBFPW scheme is a community-based, the essence of which is the visits of a VBFPW to the client's home for delivering the relevant information and services and this is the main contact feature. A worker is scheduled to visit 10-15 eligible women in each working day and must ensure a revisit each month. With such a visiting schedule, it is not possible for an eligible woman registered by a VBFPW, in her register, to be unaware about the existence of a VBFPW in her area.

Table 8.1 above provides information about the existence of a VBFPW as reported by her clients. Overall the reported figures show that out of 4167 eligible women interviewed, 107 (2.6 percent) were not aware about the presence of a VBFPW in their villages. This unawareness about her existence was more marked in Sindh (8.4 percent). Those eligible women who reported their unawareness about the presence of VBFPW in their villages were suspended from further interview. Those who knew about the existence of VBFPWs, were further explored. Around 96 percent eligible women knew about the name of VBFPW in their village. On further inquiry, it was encouraging to note that 84.3 percent of eligible women came to know about the presence of VBFPW in their village through VBFPWs themselves through their visits at their houses or vice a versa.

**Table 8.1: Information about the existence of a VBFPW by province**

Information	Punjab	Sindh	NWFP	Balochistan	Total
Information about the existence of VBFPW	99	91.6	96	98.5	97.4
<b>N</b>	<b>2766</b>	<b>652</b>	<b>480</b>	<b>269</b>	<b>4167</b>
Information about the name of VBFPW	97.7	92.8	90.7	100	96.4
<b>Source of knowledge about the existence</b>					
VBFPW	82.3	84.6	90.9	92.1	84.3
LHW	0.1	0.5	0.4	0.0	0.2
FWA/FWW	0.2	0.2	0.2	0.0	0.2
Husband	1.5	0.0	0.7	0.4	1.1
Friend/Relative	10.9	7.7	6.3	4.5	9.5
Another acceptor	1.6	0.7	1.1	1.5	1.4
Paramedic	0.4	0.0	0.0	0.0	0.3
Neighbor	2.1	6.4	0.2	1.5	2.5
Other source	0.8	0.0	0.2	0.0	0.6
<b>N</b>	<b>2737</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

## 8.2 VBFPW'S HOME VISITS

It was found encouraging that around 96.7 percent eligible women confirmed a home visit by VBFPWs. What the worker discussed during these home visits? It was founded that 98.2 percent women reported that VBFPW's home visits were made for registration, 90 percent women reported that she also discussed about contraception during her visits. 78.2 percent viewed that she discussed spacing between births, 56.9 percent reported that she discussed about small family norm and another 47.8 percent viewed that she also discussed about MCH during her visits. The Table 8.2 below highlights all about the home visits by province conducted by the VBFPWs.

**Table 8.2: percent Distribution of VBFPW's home visits, matter discussed and frequency of home visits by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>VBFPW home visit</b>	97	93.5	97.2	100	96.7
<b>Matters discussed during home visit</b>					
Registration	98.8	95.5	98.2	98.9	98.2
Contraception	90.1	88.4	87.1	99.6	90.1
Spacing of birth	80.5	68.8	71.9	84.9	78.2
Small family norms	59.6	46.2	67.6	34	56.9
MCH	5.2	38	40.6	16.6	47.8
Other	2.3	1.6	0.4	1.9	1.9
<b>Home visits by VBFPW during last six months</b>					
At least once in a months	60.3	39.4	38.8	59.2	54.8
Once in two months	21.5	17.9	32.4	38.9	23.4
Once in three months	9.0	15.9	20.5	1.9	10.8
Only once in last six months	3.3	15.2	3.8	0.0	4.8
Before last six months	6.0	11.5	0.5	0.0	6.2
<b>N</b>	<b>2737</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

Another way of assessing the performance of visits is by asking eligible women when the worker visited them last. The Table 8.2 shows that 54.8 percent of eligible women reported that the VBFPW visited them at least once in a month, 23.4 percent reported that she visited them once in two months, 10.8 percent reported that she visited them only once during the last three months and 6.2 percent reported that she visited them before last six months. In the last two categories i.e. visits conducted once in last six months and once before last six months, the share of province of Sindh was the highest i.e.15.2 percent and 11.5 percent respectively. It is a pity that only 54.8 percent eligible women have reported a visit by her worker once in a month. Rest of the 45.2 percent of eligible women are not visited by their workers once a month – the actual recommended schedule. It shows that nearly half of the eligible women are being visited by their workers according to the recommended schedule.

### **8.3 ELIGIBLE WOMEN'S VISIT TO VBFPWs HOME**

Out of 4060 eligible women, about 57 percent reported that they had visited the VBFPWs at her home, 78 percent of whom were motivated by VBFPWs to visit at her home , 7.8 percent were motivated by their friends/relatives and 7.1 percent were motivated by their husband to visit at the VBFPW's home. A large proportion, about 61 percent visited the worker's home for receiving FP services.

**Table 8.3: Eligible women's visit to VBFPW's home by province**

	Punjab	Sindh	NWFP	Balochistan	Total
Eligible women's visit to VBFPW's home	59.5	44.6	50.8	68.7	56.9
N	2737	597	461	265	4060
<b>Advised by</b>					
VBFPW	76.9	89.8	76.1	75.8	78.2
LHW	0.1	0.4	0.4	0.5	0.2
FWW/FWA	0.1	0.0	0.4	0.0	0.1
Husband	8.3	1.5	5.6	6.0	7.1
Friends/relatives	8.3	3.8	7.7	9.3	7.8
Doctor	0.1	0.0	0.4	0.0	0.1
Neighbor	2.1	4.1	0.4	7.7	2.6
Another acceptor	1.4	0.0	0.0	0.0	1.0
Paramedics	0.2	0.0	0.0	0.0	0.2
T.V/Radio	0.3	0.0	0.0	0.0	0.2
Other	2.2	0.4	9.0	0.5	2.6
<b>Purpose of visit</b>					
Family planning services	65.5	46.6	61.1	36.3	60.6
Mother care	2.3	1.1	2.6	1.1	2.1
Child care	4.3	7.9	3.4	20.3	5.9
Treatment of common ailments	15.8	41.4	13.7	39.0	20.4
Health education	1.8	1.9	2.1	2.2	1.9
Other	10.2	1.1	17.1	1.1	9.1
N	1628	266	234	182	2310

Rest of the 39 percent visited for reasons other than those of FP.(Table 8.3). Those visiting for other reasons mentioned that during their visit , the worker also discussed matters relating to FP with them. Those women who never visited at VBFPW's home, 40.5 percent of the women were of the view that none of her services were ever needed. These women can become future potential clients for the VBFPWs. About 17.7 percent reported that contraceptive is against Islam and 24.8 percent reported that VBFPW herself visited at their home The data is depicted in table 8.4.



**Table 8.4: Motivation of eligible women by VBFPW and reasons for not visiting VBFPW's home by province**

	Punjab	Sindh	NWFP	Balochistan	Total
<b>Motivation by VBFPW</b>	85.7	96.5	65.9	99.1	87.1
<b>N</b>	<b>561</b>	<b>142</b>	<b>91</b>	<b>116</b>	<b>910</b>
<b>Reasons for not attending VBFPWs home</b>					
No knowledge of services available at her home	0.7	12.4	1.3	0.0	3.0
None of her services were ever needed	41.6	38.7	38.3	38.6	40.5
Want more children	22.1	14.2	4.4	9.6	17.7
Contraceptives are against religion	2.9	1.8	1.3	0.0	2.3
Contraceptives are unnatural	0.5	0.0	0.4	0.0	0.3
Fear of side effects	2.2	1.2	1.3	0.0	1.8
Attend another centre/facility	6.5	7.6	8.4	2.4	6.7
VBFPW never visited me	2.5	5.1	2.2	0.0	2.9
Other	21.1	19.0	42.3	49.4	24.8
<b>N</b>	<b>1109</b>	<b>331</b>	<b>227</b>	<b>83</b>	<b>1750</b>

#### **8.4 ELIGIBLE WOMEN'S SATISFACTION**

Eligible women's satisfaction is an indirect assessment of the quality services provided by VBFPWs. However, eligible women's satisfaction is difficult both to conceptualize and to measure. For this study, each eligible woman was asked to rate the services she had received from a VBFPW. Findings of the assessment recorded by the eligible women are presented in Table 8.5 90 percent women reported that the location of the VBFPWs home is suitable and approachable. Another 91 percent have viewed that the village population was aware about the presence and the duties performed by the VBFPW. About knowing her job well, 88 percent have replied positively, 85 percent eligible women think that VBFPWs are doing enough work to justify her salary and 95 percent women felt that the attitude of VBFPWs is friendly.

**Table 8.5: Quality of services provided by VBFPWS to the Eligible women**

	Punjab	Sindh	NWFP	Balochistan	Total
Location of the VBFPW home is suitable	93.8	83.9	84.2	88.3	90.1
Awareness of the people about VBFPW's presence	93.8	3.8	84.8	99.2	91.2
VBFPW knows her job well	90.5	76.7	83.1	97.7	88.1
VBFPW justify her salary	90.2	73.4	64.4	95.1	85.1
Attitude of VBFPW is friendly	94.9	93.8	94.6	96.4	95.0
Eligible women's satisfied by VBFPWs services					
Family planning information and education	96.3	76.0	81.8	93.6	84.8
Provision of contraception supplies	53.7	36.3	43.0	53.2	49.9
Follow up care at her home	68.0	44.1	59.7	72.1	63.8
Home visit by VBFPW	85.5	70.2	90.5	97.4	84.6
Health education	65.3	56.1	64.9	33.6	61.8
Antenatal care	37.9	39.9	31.5	67.9	39.4
Postnatal care	31.5	38.5	31.2	52.1	33.8
Child care	34.8	39.5	36.7	41.5	36.2
Shortcomings in the work of VBFPW	2.4	8.7	4.3	3.4	3.6
Suggestions to improve the work of VBFPW	4.9	15.6	15.0	10.2	8.0
<b>N</b>	<b>2737</b>	<b>597</b>	<b>461</b>	<b>265</b>	<b>4060</b>

It is worth mentioning here that 50 percent of women are not satisfied with the contraceptive supply as provided by the VBFPW. However, in rest of the categories, majority of the eligible women were satisfied with the quality of services provided by the VBFPWs. About 85 percent eligible women reported that they were satisfied with the family planning and education provided by VBFPWs. 85 percent eligible women were satisfied with the home visits and 64 percent eligible women's reported that they were satisfied to attend the VBFPW's home. It is noted that about 62 percent eligible women were satisfied with health education provided by the workers. The eligible women's satisfaction level falls between the range of 34-39 percent for the provision of services like antenatal, postnatal, and childcare provided by VBFPWs. This may be due to the fact that a VBFPW is hired and trained by Population Welfare Department and she thinks the issues relating to FP as her major concern and as such stresses upon them. Thus the issues like antenatal, postnatal and childcare do not come into the forefront as far as the duties of a workers are concerned. However, on the average, 96 percent of the eligible women are of the view that there are no major shortcomings in the work of a VBFPW and only 8 percent eligible women suggest any improvement in the work of VBFPWs.

## **SUGGESTIONS AND RECOMMENDATIONS**

The VBFPW scheme was launched with a view to expand the coverage of rural areas and adopt a community-oriented approach for provision of Family Planning/Health facilities to rural community. As the scheme was launched in 1992, and in some areas, it is almost in its 8 years running. The scheme has its strengths and weaknesses. The weaknesses can be overcome by removing the shortcomings in the management and operational aspect of the scheme

The policy recommendations can be summarized under the following sub heads.

### **A. Supervision**

A TCS plays a key role to facilitate the working of a VBFPW. The supervisory role of a TCS was evaluated and following suggestions are recommended to improve the performance of a supervisor:-

- a) Majority of the TCS was having additional charge of some other posts like incharge of FWCs or MSUs. This sharing of responsibility on the part of a TCS greatly hampers her performance not only as TCS but also on her other assignments. Supervision of VBFPWS is a whole time activity and if done part time can not provide the desired results.
- b) It was observed that most of the TCS have a very slim knowledge about the performance reports they have to send to their supervisors. Majority of the TCS in Sindh did not possess any knowledge what the performance report is. Those TCS who possessed the performance reports were not aware what to do with it.

All the above factors highlight two important flaws in the system:-

- a) A deficiency in the training of the TCS which has lead to the fact that a TCS has a poor knowledge and understanding of her duties as well the monthly performance report she has to submit to her supervisory staff.
- b) A deficiency in the supervisory link of the TCS. It shows that there is no regular monitoring of the TCS by the supervisory staff like Tehsil Officers and DPWOs. This phenomenon is more marked in Sindh and Balochistan which needs to be corrected.
- c) All the TCS must have a uniform schedule and syllabus of training. If a TCS is not properly trained for her duties, how come she can perform her duties efficiently. A great variation in the schedule of training of TCS was also observed.
- d) Another important factor hampering the performance of a TCS is the average number of VBFPWS under her supervision. There are on the average 34 VBFPWS under one TCS whereas the recommended number is 20. And even these already over worked TCS are having additional assignments besides the supervisory functions. This is making the situation more grave as supervision is a key to the performance of a VBFPW and without a proper supervision, the efficiency can not be optimum.
- e) The visit schedule of a TCS is not upto the mark, A TCS, on the average, spends 4 days in a month to monitor VBFPWS under her supervision. Besides being over worked, TCS, during the interview cited many problems and hurdles, which hamper her supervisory role and also the supervisory visits. These are the non availability of a vehicle which is used most of the time by the district authorities, the incentives like TA/DA to be given to a TCS which are given at a very low rate. Such hurdles affect the supervisory role of a TCS and must be given the necessary attention to rectify the problem.

## **B. VBFPWs**

The following weak links were noticed which need rectification to enhance the performance of a VBFPW:-

### **1. Selection Criterion**

Although 90% of the workers adhere to the desired selection criterion; yet there are still 10% workers who are without the basic requirements of selection. The condition is more acute in Sindh where almost 40.8 percent workers are not fulfilling at least one of the selection criterion. The most important element in the criterion is the residency status of a VBFPW and if a worker is not a local resident, she cannot deliver the goods. It is pertinent to mention here that there are still on the average approximately 1300 VBFPWS( 10 percent of the 13000 VBFPWs presently in place) in all who don't meet the selection criterion and whose efficiency is questionable with regard to not meeting the properly devised selection criterion especially the residency status. Thus the first and the prime responsibility of programme managers is to identify those workers who do not meet the selection criterion and replace them with those fulfilling the prescribed selection criterion.

### **2. Training**

The importance of training for an efficient performance has no second opinion. There shall be a standardized initial training schedules as well as syllabus and training shall be compulsory without any exceptions (in Sindh there were two workers without initial training). The refresher training has a definite link with delivering efficient performance. As the scheme was launched in 1992 and is now almost in its 8 years running, there must be some workers who need refresher training to enhance their performance. The selection for refresher training shall be linked to poor performance and also to a time scale based on the date of appointment of a worker and not on the basis of personal selections by the programme authorities. The refresher training shall be arranged at more regular intervals

spread out evenly in the four provinces. The workers in Sindh have received little or no refresher training and that is one of the major reasons for pathetic performance recorded in Sindh.

### **3. Salary**

Following recommendations are made to improve the identified problems in the salary system:-

- a) Enhancement of salary to at least Rs.2000/- per month.
- b) To devise a proper method to disburse the salaries on time.
- c) The deductions out of the salary should be minimized and the practice of deductions for an advance contraceptive sale receipt shall be done away with.

### **4. Regular Supervisory Checks**

As already depicted in the supervisors section, regular monitoring of VBFPWs is a must to enhance their performance and to take the best out of those already in place. The supervisor's role has many flaws, which need attention of the programme managers to make the system functioning at its maximum capacity.

### **5. Knowledge About her Duties**

A clear understanding of her duties is a must for a worker. Majority of the workers in Sindh and Balochistan were not aware about their basic duties. If a worker has no knowledge what goods she has to deliver, than how she is expected to fulfill her role Proper initial training and frequent refresher training alongwith regular supervisory checks for monitoring as well guidance are a must to make the worker know her job/responsibilities and to perform better.

### **6. Record Keeping**

#### a) Registration

Registration of all eligible couples in her area is the first act which forms the basis of her future activities. 30% workers were found without complete registration. In Sindh, there were 72% workers without complete

registration. This is not only negligence on the part of a worker herself but also a lack of commitment on the part of supervisory staff which needs to be rectified.

#### b) Performance Reports

Suggestions to improve the monthly performance reports are as follows:-

- i) There were no standardized format for filling-out and sending the monthly performance to her supervisors
- ii) Standardized format for monthly performance reports must be put into practice and the workers should be adequately trained to fillout the performa. Also a worker shall be made to regularly send the monthly performance report to her supervisors.

### **7. Stock/Supplies**

Regular supply of contraceptives must be ensured. A VBFPW without proper stock of contraceptives and medicines is like a soldier without proper ammunition in the battlefield. The pricing pattern of contraceptives should be reviewed and a thought should be given to allow the workers to dispense the contraceptives without charging any price as most of the workers (43 percent) have to compete with Lady Health Workers who are working in the same area and who are well equipped with expensive medicines and contraceptives to dispense free of cost.

### **8. IEC Material**

A worker with an IEC material has definitely shown improved performance. The language of the IEC material has to be made appropriate to make it effective for local population. This is especially true for the province of Sindh where the use of IEC material was found to be extremely poor.

## **9. Contact with couples**

A VBFPW's contact with couples in her area has been estimated to be 50% below the recommended level (the recommendation is to contact at least 250 couples each month). This contact needs a major uplift to make it nearer to the recommended level. This can be done by an efficient and energetic supervision coupled with more frequent refresher training of the workers to make her more active and efficient.

## **Conclusion**

The VBFPW scheme is one of the innovative approach launched with a view to reach the rural population to meet out their need for FP/Health services. The scheme has a definite contribution to make in the activities of Population Welfare Programme. In fact, over a period of 8 years, the VBFPWs have become the pivot of activities of MOPW. Each and every activity of MOPW revolves around a VBFPW. Be it the MSU camp, RHSC activity or a research survey, every one turns to a VBFPW for help and guidance. The present evaluation shows an overall CPR of 41.8% in the areas where the VBFPWS are in place and working. This is against the national figures of 24 percent( Hakim et.al 1997). This clearly highlights one fact that by placing more VBFPWs in rural areas not covered so far, the national figures of CPR can be increased tremendously. Moreover, the system, already in place, is not working at its full capacity especially in the two provinces of Sindh and Balochistan. By strengthening and giving more attention to the weak links in the scheme, and by improving the management and operational flaws, the scheme can produce better results. So the final word to say

‘Increase the number of VBFPWS to cover more population and to strengthen those already in place by attending to its management and operational flaws’.



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The Population Council (1995). *Situation Analysis of Village Based Family Planning Workers in Pakistan, 1995 Research Report No. 3*. Ministry of Population Welfare and The Population Council, Islamabad, Pakistan

*Training Manual for Trainer-Cum-Supervisors*. Ministry of Population Welfare, Islamabad, Pakistan

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**ANNEXURES**

ANNEXURE

**FIELD TEAMS OF THE SURVY**

**PUNJAB**

**Supervisors**

- 1 Mr. Abdul Rashid Bhatti
- 2 Mr. Sabir Hussain
- 3 Mr. Abdul Razzaq
- 4 Mr. Zafar Ahsan
- 5 Mr. Shakir Bashir
- 6 Mr. Niaz Mohammad
- 7 Mr. Aftab Hussain

**Interviewers**

- 1 Ms. Bushra Roohi
- 2 Ms. Rukshanda Yousaf
- 3 Ms. Tasneem Nazeer
- 4 Ms. Rubina Hassan
- 5 Ms. Shazia Javed
- 6 Ms. Sarosh Chanda
- 7 Ms. Misbah Zeb Mirza
- 8 Ms. Ghazala Parveen
- 9 Ms. Mubashira Parveen
- 10 Ms. Maryam Tafail
- 11 Ms. Fauzia Hassan
- 12 Ms. Nighat Javed
- 13 Ms. Shazia Rafaq
- 14 Ms. Bushra Parveen

**SINDH**

**Supervisors**

- 1 Mr. Khalid Azam Lark
- 2 Mr. Nabi Baksh Balooch

**Interviewers**

- 1 Ms. Muzamil Baloch
- 2 Ms. Humera Khanuam
- 3 Ms. Tahira Khanuam
- 4 Ms. Oushaque Rojhani

**Balochistan**

**Supervisor**

- 1 Mr. Yawar Abbas

**Interviewers**

- 1 Ms. Kausar Parveen
- 2 Ms. Rukhsana

**N.W.F.P**

**Supervisor**

- 1 Mr. Shireen Khan

**Interviewers**

- 1 Ms. Rafia Niza
- 2 Ms. Robina

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**EVALUATION OF VILLAGE BASED  
FAMILY PLANNING WORKERS  
SCHEME 1999**

**MODULE-I  
(SUPERVISOR CUM TRAINER)**

**NATIOANL INSTITUTE OF POPULATION STUDIES  
HOUSE NO. 8, STREET NO.70, F-8/3  
ISLAMABAD  
Phone: 9260336, 9260337  
Fax: 9260071**

11

12

EVALUATION OF VILLAGE BASED  
FAMILY PLANNING WORKERS  
SCHEME 1993  
MODULE 1  
(SUPERVISOR CUM TRAINER)

NATIONAL INSTITUTE OF POPULATION STUDIES  
HOUSE NO. 8 STREET 10  
191 ARAK  
Phnom Penh  
KAMPUCHEA



Date of Visit:

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		9	9

Time:

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SECTION 1

IDENTIFICATION

1. Province

- 1. Punjab
- 3. Sindh

- 2. NWFP
- 4.. Balochistan

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2. District \_\_\_\_\_

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3. Name of the Sampled Supervisor \_\_\_\_\_

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Address \_\_\_\_\_


4. Tehsil/ Taluka \_\_\_\_\_

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5. Result

- 1. Completed
- 2. Office/Training centre found closed
- 3. Incharge found absent
- 4. Other

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SECTION II

1.	What is your qualification?	
	1. Matric	
	2. F.A/F.S.C	
	3. B.A/B.S.C	
	4. M.A/M.S.C	
	5. Other _____ (Specify)	
2	Are you performing any other duty besides supervisory functions?	
	1. Yes	
	2. No (skip to Q. 4)	<input type="checkbox"/>
3.	What kind of duties are you performing?	
	1. Incharge of MSU	
	2. Incharge of FWC	
	3. Other _____	<input type="checkbox"/>
4	Have you received training as a supervisor?	
	1. Yes	
	2. No skip to 6	<input type="checkbox"/>
5.	Is this training adequate to perform your duty.	
	1. Yes	
	2. No	<input type="checkbox"/>
6.	Do you prepare a work plan?	
	1. Yes	
	2. No	<input type="checkbox"/>
7.	Number of VBFPW under your supervision.	<input type="checkbox"/>
8.	Number of days spent in the field During Sep., 1998 to Feb., 1999 (Check from the record)	<input type="checkbox"/>
9.	Number of days spent in the training centre. (During Sep., 1998 to Feb., 1999) (Check from the record)	<input type="checkbox"/>
10	Number of the VBFPWs visited. (During Sep., 1998 to Feb., 1999) (Check from the Record)	<input type="checkbox"/>
11	Number of the VBFPWs found absent, (During Sep., 1998 to Feb., 1999) (Check from the record)	<input type="checkbox"/>

18. Availability of furniture at the Training centre:  
 Performance reports Sep., 1998 to Feb., 1999 Attached.  
 1. Yes  
 2. No
1. Adequately available  
 2. Mostly available  
 3. Mostly not available

Method	FP Services Provided Total	
	Field	Centre
IUD		
Injection		
Condom		
Pill		
Foam		
Follow-up of cases referred by VBFPMS		

Average


12. Number of the hard core couples contacted/motivated.  
 (Check from the record)  
 (During Sep., 1998 to Feb., 1999)
13. Is a programme vehicle specifically allotted to you for supervisory visits?  
 1. Yes Skip to Q. 16  
 2. No
14. Do you get the vehicle on your assigned day?  
 1. Yes  
 2. No
15. Vehicle provided (for how many days)  
 (Check from the record)  
 (During Sep., 1998 to Feb., 1999)
16. Number of the group meetings/film shows arranged.  
 (Check from the record)  
 (During Sep., 1998 to Feb., 1999)
17. Family Planning Services provided  
 (Check from the record)  
 (During Sep., 1998 to Feb., 1999)  
 (Average of six months)  
 (Check from the record)


19. Condition of furniture

- 1. All in good condition
- 2. Mostly in good condition and some needs replacement
- 3. Most of the furniture is old and needs replacement

20. Availability of equipment at the training centre:

- 1. Adequately available
- 2. Mostly available
- 3. Mostly not available

21. Condition of equipment:

- 1. All in good condition
- 2. Mostly in good condition and some needs replacement
- 3. Mostly needs replacement

22. Condition of Vehicle:

- 1. Excellent
- 2. Good
- 3. Satisfactory
- 4. Unsatisfactory

SECTION III  
PROBLEMS AND RECOMMENDATION

Issues

1. TRAINING  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

2. REFRESHER TRAINING  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

3. SUPERVISION  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

4. COUNSELLING AND MOTIVATION  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

5. SERVICE PROVISION  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

6. FOLLOW-UP PROCEDURES  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

7. RECORD KEEPING  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

8. REPORTING  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

9. CONTRACEPTIVE SUPPLY LOGISTICS  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

10. DISBURSEMENT OF SALARIES  
PROBLEM \_\_\_\_\_

SUGGESTION \_\_\_\_\_

11. PRICES OF CONTRACEPTIVE PROBLEM

SUGGESTION

12. POWERS PROBLEM

SUGGESTION

13. FUNDS PROBLEM

SUGGESTION

14. IN GENERAL OR ANYTHING ELSE. PROBLEM

SUGGESTION

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

OBSERVATION OF THE INTERVIEWING OFFICER

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NAME OF THE INTERVIEWING OFFICER

DESIGNATION

TIME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Annexure - III**

**Processing code**

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**EVALUATION OF VILLAGE BASED FAMILY  
PLANNING WORKERS SCHEME 1999  
MODULE-II  
(VILLAGE BASED FAMILY PLANNING WORKERS)**

**NATIOANL INSTITUTE OF POPULATION STUDIES  
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ISLAMABAD  
Phone: 9260336, 9260337  
Fax: 9260071**

EVALUATION OF VILLAGES & RUSTIC FAMILIES  
TRAINING WORKERS SCHEME 1989  
MODULE II  
RURAL EXTENSION & PEASANT WORKERS

NATIONAL INSTITUTE OF POPULATION STUDIES  
HOUSE NO. 8, STREET NO. 13, FAR  
ISLAMABAD  
TELEPHONE: 32001, 32002  
FAX: 32001



## SECTION I IDENTIFICATION

1	Date of interview  Time of interview	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
2	Province _____  (Punjab=1, Sindh=2, NWFP=3, Balochistan=4)	<table border="1" style="width: 40px; height: 30px; margin: auto;"> <tr> <td style="width: 35px; height: 25px;"></td> </tr> </table>												
3	District _____	<table border="1" style="width: 60px; height: 30px; margin: auto;"> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> </table>												
4	Tehsil _____	<table border="1" style="width: 40px; height: 30px; margin: auto;"> <tr> <td style="width: 35px; height: 25px;"></td> </tr> </table>												
5	Name of the Worker and Address	<table border="1" style="width: 120px; height: 30px; margin: auto;"> <tr> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> </tr> </table>												
6	Result of Interview  Completed = 1  Refused = 2  Worker not available = 3  Other (Specify) = 4	<table border="1" style="width: 40px; height: 30px; margin: auto;"> <tr> <td style="width: 35px; height: 25px;"></td> </tr> </table>												

## SECTION II BACKGROUND CHARACTERISTICS

	Question	Response		Coding
Q201	What is your age? آپ کی عمر کتنی ہے؟	Completed years		<input type="text"/> <input type="text"/>
Q202	What is your marital status? آپ کی ازدواجی حیثیت کیا ہے؟	Married Widow Divorced Separated Unmarried(Skip to Q204)	1 2 3 4 5	<input type="text"/>
Q203	How many living children do you have? آپ کے کتنے بچے ہیں؟	Total Sons Daughters		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q204	What is your ducational qualification? آپ کی تعلیم کتنی ہے؟	Less than middle Middle Matric Above Matric	1 2 3 4	<input type="text"/>
Q205	Since how long have you been working as VBFPW in the field? آپ کتنے عرصے سے VBFPW ہیں؟	Number of months Number of years Date of appointment		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### SECTION III TRAINING

Q301	How many months' initial training have you received as VBFPW? آپ نے بطور وورکر کتنے ماہ کی بنیادی تربیت حاصل کی ہے؟	Number of months		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Q302	Have you received any subsequent refresher training? کیا آپ نے دوبارہ کوئی تربیت حاصل کی ہے؟	Yes No (Skip to Q304)	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
Q303	If yes, for how many days? اگر ہاں تو کتنے دنوں کی؟	Number of days to be indicated		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Q304	Is the training you have received, in your opinion, adequate for performing following duties? کیا آپ کے خیال میں آپ کو دی گئی تربیت مندرجہ ذیل فرائض کی ادائیگی کے لیے کافی ہے؟			
	a. To motivate people to use contraception لوگوں کو مانع حمل طریقوں کے بارے میں بتانا۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	b. To use IEC material for motivation معلوماتی مواد مہیا کرنا۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	c. To provide information on general health care صحت عامہ کے متعلق بتانا۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	d. To keep up your record ریکارڈ رکھنا۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	e. To make work plan ورک پلان بنانا۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	f. To inform about side effects ذیلی اثرات کے بارے میں معلومات۔	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>
	g. Other (Specify) دیگر :-	Yes No	1 2	<input style="width: 40px; height: 20px;" type="checkbox"/>

Q305	The duration of the training is:- ٹریننگ کا دورانیہ -	Adequate	1	<input type="checkbox"/>
		Short	2	
		Long	3	
Q306	Does the training centres have the necessary facilities to impart proper training? کیا ٹریننگ سنٹر میں ضروری سہولیات میسر ہیں؟	Yes No	1 2	<input type="checkbox"/>
Q307	When did you last visit the training centre? آپ آخری مرتبہ ٹریننگ سنٹر کب گئے؟	Date to be indicated		<input type="text"/>
Q308	What was the purpose of your visit? آپ وہاں کس لیے گئے؟	For a refresher training	1	<input type="checkbox"/>
		For an advise	2	
		To get salary	3	
		To get stocks/supplies	4	
		To submit report	5	
		Other (Specify)	8	
Q309	How much time did you spend at the training centre? آپ نے ٹریننگ سنٹر میں کتنا وقت گزارا؟	Indicate time in minutes		<input type="text"/>
Q310	How much time it takes you to reach the training centre? آپ کو ٹریننگ سنٹر پہنچنے میں کتنا وقت لگتا ہے؟	Indicate time in minutes		<input type="text"/>
Q311	How good were your trainers? آپ کو تربیت دینے والا عملہ کیسا تھا؟	Excellent	1	<input type="checkbox"/>
		Very good	2	
		Good	3	
		Fair	4	
		Bad	5	

## SECTION IV SALARY

Q401	Do you get your salary on time? کیا آپ کو تنخواہ وقت پر مل جاتی ہے؟	Yes No	1 2	<input type="checkbox"/>							
Q402	When did you receive your last salary? آپ نے آخری تنخواہ کب وصول کی؟	Please indicate the date		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
Q403	From where do you get your salary? آپ اپنی تنخواہ کہاں سے وصول کرتی ہیں؟	DPWO TPWO Supervisor Bank Other(Specify)	1 2 3 4 8	<input type="checkbox"/>							
Q404	Were any deductions made out of your last salary? کیا آپ کی کچھل تنخواہ میں سے کٹوتی ہوئی؟	Yes No (Skip to Q408)	1 2	<input type="checkbox"/>							
Q405	If yes, how much? اگر ہاں، تو کتنی؟	Amount in Rupees		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							
Q406	To whom was it paid? کٹوتی کس نے وصول کی؟	Clerk Accountant Tehsil Officer Bank Other	1 2 3 4 8	<input type="checkbox"/>							
Q407	Why was this deduction made? کٹوتی کیوں ہوئی؟	Paid for contraception مانع حمل ادویات کی قیمت Paid to bank بنک کو Paid for revenue stamps رہسیدی ٹمکٹوں کے لیے Without any reason کسی وجہ کے بغیر Do not know معلوم نہیں Other(Specify) دیگر	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>							

Q408	<p>Is your salary adequate to run your household? کیا آپ کی تنخواہ آپ کے لیے کافی ہے؟</p>	<p>Yes (Skip to 501) No</p>	<p>1 2</p>	<p><input type="checkbox"/></p>
Q409	<p>If no, how do you supplement your income? اگر نہیں تو آپ اپنے گھر کا خرچہ کیسے پورا کرتی ہیں؟</p>	<p>Husband's earnings Household Activities Farming Salaried Work Cottage industry Seasonal Work None Other</p>	<p>1 2 3 4 5 6 7 8</p>	<p><input type="checkbox"/></p>
Q410	<p>What would you consider to be adequate salary? آپ کے خیال میں آپ کی تنخواہ کتنی ہونی چاہئے؟</p>	<p>Amount in Rupees</p>		<p><input type="text"/></p>

## SECTION V DUTIES/RESPONSIBILITIES

Q501	What are the duties of a VBFPW? آپ کی ایک VBFPW کی حیثیت سے کیا ذمہ داریاں ہیں؟		Knows	Does Not Know	
		To register all eligible couples in the village.	1	2	<input type="checkbox"/>
		To provide FP information	1	2	<input type="checkbox"/>
		To provide FP methods	1	2	<input type="checkbox"/>
		To provide information about side effects of contraceptives	1	2	<input type="checkbox"/>
		To provide basic medical facilities	1	2	<input type="checkbox"/>
		Follow up	1	2	<input type="checkbox"/>
		To provide health education	1	2	<input type="checkbox"/>
		Other(Specify)	1	2	<input type="checkbox"/>
Q502	Do you prepare any work plan? کیا آپ یادداشت برائے کارکردگی بناتی ہیں؟	Yes No(Skip to Q506)	1 2		<input type="checkbox"/>
Q503	If Yes, then the work plan is prepared: اگر ہاں تو آپ یادداشت برائے کارکردگی کتنے عرصے کے لیے بناتی ہیں؟	Monthly Weekly Daily	1 2 3		<input type="checkbox"/>
Q504	Do you follow your work plan daily? کیا آپ یادداشت برائے کارکردگی عمل کرتی ہیں؟	Yes Never Some times	1 2 3		<input type="checkbox"/>
Q505	Do you have a work plan available for the current month/Week/day? (Interviewer to check the work plan) کیا آپ کے پاس یادداشت برائے کارکردگی ہے؟	Work plan available Work plan not available	1 2		<input type="checkbox"/>
Q506	How many hours in a day do you spend working? آپ روزانہ کتنے گھنٹے کام کرتی ہیں؟	Number of hours			<input type="text"/>

Q507	How often do you go on a visit in the village? آپ گاؤں میں وزٹ پر کب جاتی ہیں؟	Daily Every alternate day Twice a week Once a week Twice a month Once a month Other (Specify)	1 2 3 4 5 6 8		<input type="checkbox"/>
Q508	Which items do you carry with you while on visit? وزٹ پر آپ اپنے ساتھ کیا چیزیں لے کر جاتی ہیں؟	Register Work plan Contraceptives Medicines IEC material Bag Coat Other (Specify)	Y 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2	N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q509	When do you record the information about your visit? وزٹ کی معلومات کا اندراج آپ کب کرتی ہیں؟	During the visit At the end of each visit At the end of the day's work Other	1 2 3 8		<input type="checkbox"/>
Q510	Which is the best time of the day to pay a visit? آپ کے خیال میں وزٹ کرنے کے لیے موزوں وقت کون سا ہے؟	Morning Noon Afternoon Evening Night	1 2 3 4 5		<input type="checkbox"/>



Q511	How many houses are there in your assigned area? آپ کے گاؤں میں کتنے گھر ہیں؟	Number of houses		<input type="text"/>
Q512	Have you registered all eligible couples in your village? کیا آپ نے گاؤں کے تمام موزوں جوڑوں کا اندراج کیا؟	Yes No(Skip to Q514)	1 2	<input type="checkbox"/>
Q513	When you completed the initial registration of eligible couples: جب آپ نے گاؤں کے موزوں جوڑوں کا اندراج کیا تو؟ How many were eligible couples? How many were currant users?	Number Number		<input type="text"/> <input type="text"/>
Q514	How many eligible couples have you registered till now? اب آپ کے گاؤں میں کتنے موزوں جوڑے ہیں؟	Number of eligible couples		<input type="text"/>
Q515	How many are current users now? کتنے حالیہ استعمال کنندہ ہیں؟	Number of current users		<input type="text"/>

Q516	How many are non users? کتنے غیر استعمال کنندگان ہیں؟	Number to be indicated		<input type="text"/>
Q517	Services provided during Sep 1998 to Feb, 1999(Check from the record & attach copies of the performance report)? خدمات جو مہیا کی گئیں ستمبر ۱۹۹۸ء تا فروری ۱۹۹۹ء a) Number of eligible couples contacted موزوں جوڑے جن سے رابطہ کیا - b) Number of couples changing method وہ جوڑے جنہوں نے مانع حمل طریقہ تبدیل کیا؟ c) Number of drop out couples جوڑے جنہوں نے استعمال ترک کیا d) Number of new couples registered نئے جوڑوں کا اندراج e) Number of new acceptors of contraception نئے استعمال کنندگان condom Pill Injections IUDs Contraceptive Surgery f) Number of IUD camps arranged by VBFPW آئی یو ڈی کیپ کی تعداد			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q518	Where do you refer the clients to? آپ اپنے کلائنٹس کو کہاں بھیجتی ہیں؟	a) FWC b) Reproductive Health Services Centre. c) Hospital RHC/BHU d) MSU e) Private clinics	Y N 1 2 1 2 1 2 1 2 1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q519	Which contraceptive method did you provide the most to the clients during the previous month? پچھلے ماہ آپ نے کونسا مانع حمل طریقہ سب سے زیادہ مہیا کیا؟	Pills Condoms Injections	1 2 3	<input type="checkbox"/>
Q520	In your opinion, which is the most popular method in the village? آپ کے خیال میں آپ کے گاؤں میں سب سے زیادہ استعمال ہونے والا مانع حمل طریقہ کونسا ہے؟	Pills Condoms Vaginal methods Injections IUDs Female sterilization Male sterilization Other(Specify)	1 2 3 4 5 6 7 8	<input type="checkbox"/>
Q521	Do you receive complaints of side effects of contraceptives? کیا آپ کو مانع حمل ادویات کے ذیلی اثرات سے متعلق شکایات موصول ہوتی ہیں؟	Yes No(Skip to Q523)	1 2	<input type="checkbox"/>

Q522	<p>What did you do to rectify the complaints? آپ ان کو حل کرنے کے لیے کیا کرتی ہیں؟</p>	<p>Ask her to immediately discontinue the method 1</p> <p>Shift her to another method 2</p> <p>Provide treatment to her 3</p> <p>Refer her to FWC 4</p> <p>Refer her to hospital 5</p> <p>Refer her to a doctor 6</p> <p>Other(Please specify) 8</p>	<input type="checkbox"/>
Q523	<p>How do you help a client in choosing a method? آپ ایک کلائنٹ کو مانع حمل طریقہ اختیار کرنے میں کیسے مدد دیتی ہیں؟</p>	<p>Encourage her to choose a method herself 1</p> <p>Provide her with a list of options to choose the method of her choice 2</p> <p>Provide her the methods which you have 3</p> <p>Do not interfere 4</p> <p>Refer her to FWC 5</p> <p>Refer her to a hospital 6</p> <p>Other 8</p>	<input type="checkbox"/>
Q524	<p>If a client asks for a FP method which you do not supply, what will you do? اگر ایک کلائنٹ ایسا طریقہ چاہے جو کہ آپ کے پاس نہ ہو تو پھر آپ کیا کرتی ہیں؟</p>	<p>Convince her to use a method which you have. 1</p> <p>Refer her to a family planning/ health outlet 2</p> <p>Purchase the method of her liking 3</p> <p>Wait for supervisor's visit 4</p> <p>Other(Specify) 8</p>	<input type="checkbox"/>
Q525	<p>Is there any other health/FP service available in the village? کیا آپ کے گاؤں میں کوئی اور صحت / خاندانی منصوبہ بندی کا سنٹر ہے؟</p>	<p>Yes 1</p> <p>No (Go to Q527) 2</p>	<input type="checkbox"/>

Q526	If yes, what is it? اگر ہاں تو کونسا؟	FWC MSU RHS Centre RHC BHU Other(Specify)	Y 1 1 1 1 1 1	N 2 2 2 2 2 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q527	Have you ever accompanied your clients to that facility? کیا آپ کبھی کلینک کے ساتھ اس سنٹر پر گئی ہیں؟	Yes No(Skip to Q530)	1 2		<input type="checkbox"/>
Q528	What is the mode of transport for referring surgery/IUD cases: آپ کلینک کو وہاں کیسے لے کر جاتی ہیں؟ Programme transport is available from residence to hospital & back آنے جانے کیلئے پروگرام کی گاڑی پر Programme transport is available only from hospital to residence پروگرام کی گاڑی پروا پس آنے کے لیے Only public transport is used and fair is paid by the worker پرائیویٹ گاڑی پر کرایہ خرچ کر کے Only public transport is used but no fair is paid by the worker پرائیویٹ گاڑی پر بغیر کرایہ خرچ کیے Other (Specify)			1(Skip to Q530) 2 3 4 8	<input type="checkbox"/>
Q529	How much does it cost you to accompany a client you have referred? آپ کا ایک کلینک کو لے جانے میں کتنے خرچہ آتا ہے؟	Amount in Rupees			<input type="text"/> <input type="text"/> <input type="text"/>

Q530	Is there a Health worker in your village? کیا آپ کے گاؤں میں ہیلتھ ورکر ہے؟	Yes No(Skip to Q533)	1 2	<input type="checkbox"/>
Q531	Do you think the activities of Health worker are beneficial for your work? اپکے خیال میں کیا ہیلتھ ورکر کا کام آپ کے لیے فائدہ مند ہے؟	Yes(Skip to Q533) No	1 2	<input type="checkbox"/>
Q532	If no, why? اگر نہیں تو کیوں؟	Please specify	Y N 1 2	<input type="checkbox"/>
Q533	Do you have any IEC material available? کیا آپ کے پاس خاندانی منصوبہ بندی سے متعلق IEC کا مواد موجود ہے؟	Yes No	1 2	<input type="checkbox"/>
Q534	From where do you receive the IEC material? آپ نے یہ مواد کہاں سے حاصل کیا؟	Supervisor Tehsil officer DPWO BHU/RHC FWC Other	1 2 3 4 5 8	<input type="checkbox"/>
Q535	Do you think the IEC material is useful for motivating a client? کیا آپ کے خیال میں یہ مواد ایک کلائنٹ کو سمجھانے کے لیے فائدہ مند ہے؟	Yes No Sometimes	1 2 3	<input type="checkbox"/>
Q536	Which IEC material do you find most useful? کونسا مواد آپ کے خیال میں زیادہ فائدہ مند ہے؟	Posters Pamphlets Books Other(Specify)	1 2 3 8	<input type="checkbox"/>
Q537	Do you think the language/message of the IEC material is appropriate for the village population? اپکے خیال میں مواد کی زبان مقامی آبادی کیلئے صحیح ہے؟	Yes No	1 2	<input type="checkbox"/>

Q538	Do you keep a close liaison with the following in your village? آپ اپنے گاؤں میں ان کے ساتھ قریبی رابطہ رکھتی ہیں؟	Teacher TBA Village head (Numberdar) Religious leader Other (Specify)	Y 1 1 1 1 1 N 2 2 2 2 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q539	Have you ever faced any resistance in your work from the influentials of your area? آپ کو اپنے کام کے سلسلے میں کبھی گاؤں کے معززین سے مداخلت کا سامنا کرنا پڑا؟	Yes No(Skip to Q601)	1 2	<input type="checkbox"/>
Q540	What steps did you take to remove the resistance? آپ نے اس مداخلت کو ختم کرنے کیلئے کیا کیا؟	Personally tried to convince her Informed the supervisor Informed the TPO/DPO Other(Specify)	1 2 3 8	<input type="checkbox"/>

## SECTION VI SUPERVISION

Q601	How often does your supervisor visit you? سپر دائر آپ کے پاس کتنے عرصے کے بعد آتی ہے؟	Once a month Once every two months Once every three months Once every six months	1 2 3 4	<input type="checkbox"/>
Q602	When did your supervisor last visit you? پچھلی مرتبہ وہ کب آئی تھی؟	Please indicate the date		<input type="text"/>
Q603	How often should your supervisor visit you? سپر دائر کو آپ کے پاس کتنے عرصے بعد آنا چاہئے؟	Twice a month Once every month Once every two months Once every three months Other	1 2 3 4 8	<input type="checkbox"/>
Q604	What did your supervisor do during the last visit? پچھلی وزٹ میں سپر دائر نے کیا کیا؟	Checked register Checked equipment Checked work plan Provided contraceptive supplies/medicines Accompanied on a visit Advised on how to conduct assignment Provided the IEC material Other (Specify)	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<input type="checkbox"/>
Q605	How far was the visit of the supervisor useful? سپر دائر کی وزٹ کتنی فائدہ مند تھی؟	Extremely useful Useful Not very useful	1 2 3	<input type="checkbox"/>



## SECTION VII SUPPLIES

Q701	<p>Which contraceptives are currently available with you? (Record the quantity of cycles available)</p> <p>آپ کے پاس اس وقت کونسی مانع حمل ادویات موجود ہیں؟</p>	<p>Pills</p> <p>Condoms</p> <p>Injections</p>		<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>									
Q702	<p>Did you run out of supplies of contraceptives during the last 6 months?</p> <p>گزشتہ چھ ماہ کے دوران کیا مانع حمل اشیاء بھی ختم ہوئیں؟</p>	<p>Yes</p> <p>No (Skip to Q801)</p>	<p>1</p> <p>2</p>										
Q703	<p>For how long were you without supplies?</p> <p>کتنے عرصے تک آپ مانع حمل اشیاء کے بغیر رہیں؟</p>	<p>Less than a month</p> <p>More than a month</p> <p>More than two months</p> <p>More than three months</p> <p>Other</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>8</p>	<input style="width: 40px; height: 20px;" type="checkbox"/>									
Q704	<p>What did you do to get the supplies?</p> <p>اگر ایسا ہوا تو آپ نے کیا کیا؟</p>	<p>Immediately informed the supervisor</p> <p>Informed TPWO/DPWO</p> <p>Made efforts personally</p> <p>Other</p>	<p>1</p> <p>2</p> <p>3</p> <p>8</p>	<input style="width: 40px; height: 20px;" type="checkbox"/>									

**SECTION VIII**  
**RECORD/SUPPLIES**  
**OBSERVATION BY THE INTERVIEWER**

Q801	What is the general appearance of the register? رجسٹر کی ظاہری حالت کیسی ہے؟	Excellent Very Good Good Satisfactory Poor Register missing Other	1 2 3 4 5 6 8	<input type="checkbox"/>
Q802	Was the record up to date? کیا ریکارڈ مکمل تھا؟	Up to date Partially up to date Not maintained	1 2 3	<input type="checkbox"/>
Q803	Is there complete information about the client in the register? رجسٹر میں کلائنٹ کے متعلق مکمل معلومات درج ہیں؟	Yes No	1 2	<input type="checkbox"/>
Q804	Has she displayed a sign board at her residence? کیا درگاہ کے باہر بورڈ آؤٹ لائن کیا ہے؟	Yes No	1 2	<input type="checkbox"/>
Q805	Are these items available? کیا درگاہ کے پاس یہ چیزیں موجود ہیں؟	Thermometer Coat Register Medicines Bag Box IEC material Other(Specify)	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## SECTION IX PROBLEMS AND RECOMMENDATION

### Issues

1. TRAINING PROBLEM _____	ٹریننگ کے متعلق	
SUGGESTION _____		<input type="checkbox"/>
2. SUPERVISION PROBLEM _____	نظارتی کے متعلق	
SUGGESTION _____		<input type="checkbox"/>
3. SALARY PROBLEM _____	تنخواہ کے متعلق	
SUGGESTION _____		<input type="checkbox"/>
4. CONTRACEPTIVE SUPPLY LOGISTICS PROBLEM _____	مانع عمل اشیاء کی ترسیل	
SUGGESTION _____		<input type="checkbox"/>
5. PRICES OF CONTRACEPTIVE PROBLEM _____	مانع عمل اشیاء کی قیمت سے متعلق	
SUGGESTION _____		<input type="checkbox"/>
6. RECORD KEEPING PROBLEM _____	ریکارڈ رکھنا	
SUGGESTION _____		<input type="checkbox"/>
7. REPORTING PROBLEM _____	رپورٹ تیار کرنا	
SUGGESTION _____		<input type="checkbox"/>
8. IN GENERAL OR ANYTHING ELSE. PROBLEM _____	اس کے علاوہ کوئی اور	
SUGGESTION _____		<input type="checkbox"/>

OBSERVATION OF THE INTERVIEWING OFFICER

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NAME OF THE INTERVIEWING OFFICER \_\_\_\_\_

DESIGNATION \_\_\_\_\_

TIME

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**Annexure - IV**

**Processing code**

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**EVALUATION OF VILLAGE BASED  
FAMILY PLANNING WORKERS  
SCHEME 1999**

**MODULE-III  
(ELIGIBLE WOMEN)**

**NATIOANL INSTITUTE OF POPULATION STUDIES  
HOUSE NO. 8, STREET NO.70, F-8/3  
ISLAMABAD**

**Phone: 9260336, 9260337  
Fax: 9260071**



EVALUATION OF VILLAGE BASED  
FAMILY PLANNING WORKERS  
SCHEME 1999  
MODULE-III  
(RURAL WOMEN)

NATIONAL INSTITUTE OF POPULATION STUDIES  
HOUSE NO. 8, STREET NO. 10, F-7/3  
ISLAMABAD  
PHONE: 3733333, 3733334  
FAX: 3733331

## SECTION I IDENTIFICATION

1	Date of interview Time of interview	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
2	Province _____ (Punjab=1, Sindh=2, NWFP=3, Balochistan=4)	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
3	District _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
4	Tehsil _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
5	Name of the sampled VBFPW _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
6	Name of eligible woman _____ Husband's name _____ Address _____ _____ _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
7	Result of Interview Completed =1 Dwelling vacant =2 No adult at home =3 Eligible woman absent =4 Refused =5 Worker not available =6 Other (Specify) =7	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

## SECTION II BACKGROUND CHARACTERISTICS

Q201	<p>How many members and visitors are living in your house?</p> <p>آپ کے گھر میں کتنے افراد رہتے ہیں؟ (اُن مہمانوں کو بھی شامل کریں جنہوں نے پچھلے رات آپ کے گھر گزارا ہے۔)</p>	<p>Male</p> <p>Female</p> <p>Total</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>										
Q202	<p>It is important in this study to know your exact age. How old are you in completed years?</p> <p>اس سروسے میں آپکی صحیح عمر کا جاننا ضروری ہے آپ کتنے سال کی ہو گئی ہیں؟</p>	<p>Age in completed Years</p> <p>Date of birth</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>										
Q203	<p>What is your education? آپ کی تعلیم کیا ہے؟</p> <p>No formal or informal education</p> <p>Only informal education</p> <p>Formal education</p>	<p>Number of classes passed</p>	<p>1</p> <p>2</p> <p>3</p> <p>0 1 2 3 4 5</p> <p>6 7 8 9 10 11 12</p> <p>13 14 15 16 (skip to 205)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>										
Q204	<p>Can you read and write a simple letter with full understanding?</p> <p>کیا آپ ایک سادہ خط پوری سمجھ بوجھ کے ساتھ پڑھ اور لکھ سکتی ہیں؟</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>										



Q205	<p>What is the education of your husband? آپ کے شوہر کی تعلیم کیا ہے؟</p> <p>No formal or informal education</p> <p>Only informal education</p> <p>Formal education</p>	<p>Number of classes passed</p>	<p>1</p> <p>2</p> <p>3</p> <p>0 1 2 3 4 5</p> <p>6 7 8 9 10 11 12</p> <p>13 14 15 16 (skip to 207)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Q206	<p>Can your husband read and write a simple letter with full understanding? کیا آپ کے شوہر ایک سادہ خط پوری سمجھ بوجھ کے ساتھ پڑھ اور لکھ سکتے ہیں؟</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>	<p><input type="checkbox"/></p>
Q207	<p>What kind of work do you mainly do? آپ زیادہ تر کیا کام کرتی ہیں؟</p>		<p>_____</p> <p>_____</p>	<p><input type="checkbox"/></p>
Q208	<p>What was your age when you (first) got married? جب آپ کی (پہلی) شادی ہوئی تو آپ کی عمر کیا تھی؟</p>	<p>Age in completed years</p>		<p><input type="checkbox"/></p>
Q209	<p>What was the age of your husband when you (first) got married? جب آپ کی (پہلی) شادی ہوئی تو آپ کے شوہر کی عمر کیا تھی؟</p>	<p>Age in completed years</p>		<p><input type="checkbox"/></p>

Q210	How many live births have you had? Please be sure to include all the children you have given birth to, even if some survived only for a short time. آپ کے کل کتنے زندہ بچے ہوئے؟ برائے کرم تمام زندہ پیدا ہونے والے بچوں کا بتائیے، خواہ ان میں سے کچھ تھوڑی دیر ہی زندہ رہے ہوں؟ If 00, skip to Q 213	Boys Girls Total		<input type="text"/> <input type="text"/> <input type="text"/>
Q211	How long ago was your last live birth? آپ کے آخری زندہ بچے کی پیدائش کو کتنا عرصہ ہوا؟	Months Years		<input type="text"/> <input type="text"/>
Q212	How many of your children are alive now? (ماشاء اللہ) اب آپ کے کتنے بچے حیات میں ہیں؟	Boys Girls Total		<input type="text"/> <input type="text"/> <input type="text"/>
Q213	Are you pregnant now? کیا اب آپ حاملہ ہیں؟	Yes No Not sure	1 2 3	<input type="checkbox"/>
Q214	Do you want to have more children in future? کیا آپ کو (ہونے والے بچے کے علاوہ) مزید بچوں کی خواہش ہے؟ (in addition to the one you are expecting now)	Yes No	1 2	<input type="checkbox"/>

### SECTION III INFORMATION

Q301	Do you know that there is a VBFPW working in your village? کیا آپ کو معلوم ہے کہ آپ کے گاؤں میں خاندانی منصوبہ بندی کیلئے ایک ورکر کام کر رہی ہے؟	Yes No (end of interview)	1 2	<input type="checkbox"/>
Q302	Do you know her name? کیا آپ اس کا نام جانتی ہیں؟	Yes No	1 2	<input type="checkbox"/>
Q303	Is she a resident of this village? کیا وہ اس گاؤں کی رہائشی ہے؟	Yes No	1 2	<input type="checkbox"/>
Q304	How did you come to know about her? آپ کو اس کی موجودگی کا کس طرح پتہ چلا؟	VBFPW LHW FWW/FWA Husband Friend/relative Doctor Another acceptor Paramedic Through advertisement in newspaper Neighbor Other	1 2 3 4 5 6 7 8 9 10 11	<input type="checkbox"/> <input type="checkbox"/>
Q305	Did VBFPW ever visit you at your home? کیا ورکر نے کبھی آپ کے گھر پر آپ سے ملاقات کی؟	Yes No (skip to 308)	1 2	<input type="checkbox"/>
Q306	What did she discuss with you? اس نے کس کس چیز کے بارے میں بات کی؟	Only registration Contraception Spacing of birth Small family norm MCH Other	Y N 1 2 1 2 1 2 1 2 1 2 1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q307	How often has the VBFPW visited you at your home for motivation for family planning or for follow-up during the last 6 months? پچھلے چھ ماہ کے دوران ورکر آپ کے گھر پر خاندانی منصوبہ بندی کی ترغیب دینے کیلئے کتنی بار آئی ہے؟	At least once in a month Once in two months Once in three months Only once during the last 6 months Before last 6 months	1 2 3 4 5	<input type="checkbox"/>
Q308	Did you ever visit the VBFPW at her home? کیا آپ کبھی اس ورکر کے گھر گئیں ہیں؟	Yes No (skip to 312)	1 2	<input type="checkbox"/>
Q309	Who advised you first to attend VBFPW at her home? آپ کو اس کے گھر جانے کا مشورہ سب سے پہلے کس نے دیا؟	VBFPW LHW FWW/FWA Husband Friend/relative Doctor Neighbor Another acceptor Paramedic Motivated by advertisement in newspaper Impressed by radio programme Impressed by T.V. programme regarding family planning Other	1 2 3 4 5 6 7 8 9 10 11 12 13	<input type="checkbox"/>
Q310	For what purpose did you/ do you visit/ visited at her home? آپ اس کے گھر کس مقصد کیلئے گئیں؟	Family planning services (skip to 401) Mother care Child care Treatment of common ailments Health education Other	1 2 3 4 5 6	<input type="checkbox"/>

Q311	<p>Did VBFPW motivate you for family planning and discuss the matter relating to family planning and use of contraceptive methods?</p> <p>کیا در کرنے آپ کو خاندانی منصوبہ بندی اپنانے کے لئے کہا؟ اور اس نے خاندانی منصوبہ بندی کے متعلق بتایا؟ اور مائع حمل طریقوں کے</p>	<p>Yes</p> <p>..</p> <p>No</p> <p>(Skip to 401)</p>	<p>1</p> <p>2</p>	<p><input type="checkbox"/></p>
Q312	<p>Why did you not attend VBFPW at her home?</p> <p>آپ ابھی تک اس کے گھر کیوں نہیں گئیں؟</p>	<p>No knowledge of services available at her home.</p> <p>None of her services were ever needed.</p> <p>Want more children.</p> <p>Contraceptive is against religion.</p> <p>Contraceptive is unnatural</p> <p>Contraceptive is immoral</p> <p>Fear of side effects.</p> <p>Attend another centre/ facility.</p> <p>VBFPW never visited me.</p> <p>Other (Specify).</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>



Q402	Who told you first about this/these methods?  آپ کو ان طریقوں کے بارے میں کس نے بتایا؟	VBFPW LHW FWW/FWA Husband Friend/relative Doctor Another acceptor Paramedic Advertisement in newspaper Radio programme T.V. programme regarding family planning. Other	1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/>
Q403	What method have you ever used?  آپ نے کون کون سے طریقے استعمال کئے؟	(Circle responses in column "B" of the Table. If not a single "Yes" (never used), skip to 423, otherwise ask next question)		
Q404	What was the main reason that you started practicing family planning?  وہ کونسی خاص وجہ تھی جن کی وجہ سے آپ نے خاندانی منصوبہ بندی پر عمل شروع کیا؟	Wanted no more children Wanted spacing between birth Health problems Other reasons _____	1 2 3 4	<input type="checkbox"/>
Q405	Who motivated you to practice contraception?  آپ کو کس نے خاندانی منصوبہ بندی پر عمل کرنے کی ترغیب دی؟	VBFPW LHW FWW/FWA Husband Friend/relative Doctor Another acceptor Paramedic Advertisement in newspaper Radio programme T.V. programme regarding family planning. Other	1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/>
Q406	What contraceptive method did you choose first?  آپ نے خاندانی منصوبہ بندی کا کونسا طریقہ سب سے پہلے منتخب کیا؟	Method _____		<input type="checkbox"/>

Q407	From where did you get the first method? آپ نے پہلا طریقہ کہاں سے حاصل کیا؟	VBFPW LHW FWC Drug store Hospital NGO centre Other _____ (specify)	1 2 3 4 5 6 7	<input type="checkbox"/>
Q408	Why did you make a choice of that particular method? آپ نے اس خاص طریقہ کا انتخاب کس بنا پر کیا؟	Method was recommended by VBFPW LHW Other acceptor Husband Friend/relative Some one else On information through media Other _____ (Specify)  (If the response is 2 – 8, skip to Q412)	1 2 3 4 5 6 7 8	<input type="checkbox"/>
Q409	Did VBFPW explain all types of contraceptive when you first visited her home or she visited to your home? جب در کر آپ کے گھر آئی یا آپ اسکے گھر گئیں تو کیا اس نے تمام طریقوں کے بارے میں وضاحت کی؟	Yes No	1 2	<input type="checkbox"/>
Q410	Did VBFPW explain the merits and side effects of all the contraceptive methods? کیا در کر نے تمام طریقوں کی خوبیاں اور دوسرے مضر اثرات کے متعلق وضاحت کی؟	Yes No	1 2	<input type="checkbox"/>
Q411	Did VBFPW advise you about follow up care? کیا در کرنے آپ کو دوبارہ آنے کا کہا تھا؟	Yes No	1 2	<input type="checkbox"/>



		(If sterilization is ever use, skip to 414, otherwise ask next question)		
Q412	Are you currently using any family planning method? کیا آپ آجکل خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کر رہی ہیں؟	Yes No (skip to 419)	1 2	<input type="checkbox"/>
Q413	What is that method? وہ طریقہ کون سا ہے؟	Method _____		<input type="text"/>
Q414	Why did you make a choice of that particular method for current use? آپ نے موجودہ طریقہ کو کس بنا پر منتخب کیا؟	Method was recommended by VBFPW LHW Other acceptor Husband Friend/relative Some one else Other _____ (specify)	1 2 3 4 5 6 7	<input type="checkbox"/>
Q415	How long have you been using the present method without interruption? آپ موجودہ طریقہ کتنے عرصہ سے لگاتار استعمال کر رہی ہیں؟	Years Months		<input type="text"/> <input type="text"/>
		(If sterilization is ever use, skip to 417, otherwise ask next question)		
Q416	From where do you usually get the supplies of contraceptives? آپ عموماً مانع حمل طریقے کہاں سے حاصل کرتی ہیں؟	VBFPW LHW FWC Drug store Hospital NGO centre Other _____ (Specify)	1 2 3 4 5 6 7	<input type="checkbox"/>
Q417	Have you experienced any side effects, problems or difficulties with your present method? کیا آپ کو موجودہ طریقہ کے استعمال سے کوئی مضر اثرات یا پریشانی ہوتی؟	Yes No (skip to 419)	1 2	<input type="checkbox"/>

Q418	What major side effects or problems did you have? آپ کو کون سا مضر اثر یا کونسی پریشانی ہوئی؟	Obesity Headache/dizziness Other health problems Interference with sex Psychological Bleeding Irregular menses Other(Specify) _____	1 2 3 4 5 6 7 8	<input type="checkbox"/>
		<b>If she has ever used pill, ask Q419</b>		
Q419	How much does one packet (cycle) of pills cost you? آپ کو گولیوں کا ایک پکیٹ کتنے میں ملتا ہے؟	Cost Free Does not know	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>If he/she has ever used condom, ask Q420</b>		
Q420	How much does one of condom cost you? آپ کو ایک کنڈوم کتنے میں ملتا ہے۔	Cost Free Dose not know	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>(If she is currently using any method, skip to 501, otherwise ask next question)</b>		
Q421	What is the main reason that you are not using any family planning method to avoid or postpone pregnancy? وہ کون سی اہم وجہ ہے کہ آج کل آپ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال نہیں کر رہی ہیں؟	Want more sons Want more daughters Want more children Currently pregnant Side effect of contraceptives Contraceptive method of choice is not available Able to naturally space children Methods are expensive No method is suitable Other _____ (Specify)	1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/>

Q422	Would you use a contraceptive method again in future? کیا آپ آئندہ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کریں گی؟	Yes No (skip to 426)	1 2	<input type="checkbox"/>
Q423	What is the main reason of not using a method? خاندانی منصوبہ بندی کا کوئی طریقہ استعمال نہ کرنے کی بڑی وجہ کیا ہے؟	It is against religion It is immoral It is unnatural Fatalistic Want more children Methods are expensive Fear of side effects Hard to get methods Methods are inconvenient Health concern Infrequent sex Other(specify) _____  Husband Mother-in-law opposes Other people oppose	1 2 3 4 5 6 7 8 9 10 11 12  13 14 15	<input type="checkbox"/>
Q424	In your opinion what is his/her/their objection regarding family planning? آپ کے خیال میں انہیں خاندانی منصوبہ بندی پر کیا اعتراض ہے؟	It is against religion Immoral It is unnatural Other _____ (specify)	1 2 3 4	<input type="checkbox"/>
Q425	Would you like to use a contraceptive method in future? کیا آپ آئندہ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کریں گی؟	Yes No	1 2	<input type="checkbox"/>
Q426	Does VBFPW pay home visits to keep in touch with you, motivating or advising you to start/restart contraception in future when needed? کیا درکار خاندانی منصوبہ بندی کی ترغیب کیلئے آپ سے رابطہ رکھتی ہے یا پھر ضرورت پڑنے پر مبالغہ حمل طریقے شروع کرنے / دوبارہ شروع کرنے کا کہتی ہے؟	Yes No	1 2	<input type="checkbox"/>

**SECTION V QUALITY OF CARE AND SERVICES**

Q501	In your opinion, is the location of her home easily accessible? کیا آپ کے خیال میں ورکر کے گھر تک رسائی آسانی سے ممکن ہے؟	Yes No	1 2	<input type="checkbox"/>
Q502	Do you think many people in the village know about her presence and her duties? کیا آپ محسوس کرتی ہیں کہ گاؤں کے لوگوں کو ورکر کی موجودگی اور اسکے فرائض کے بارے میں علم ہے؟	Yes No	1 2	<input type="checkbox"/>
Q503	Do you think she knows her job well? کیا آپ محسوس کرتی ہیں کہ ورکر اپنا کام اچھی طرح جانتی ہے؟	Yes No	1 2	<input type="checkbox"/>
Q504	Do you think she does enough work to justify her salary? کیا آپ محسوس کرتی ہیں کہ ورکر اپنی تنخواہ کے مطابق کام کرتی ہے؟	Yes No	1 2	<input type="checkbox"/>
Q505	Do you feel that the attitude of VBFPW is friendly? کیا آپ محسوس کرتی ہیں کہ ورکر کا رویہ دوستانہ ہے؟	Yes No	1 2	<input type="checkbox"/>
Q506	Are you satisfied with the following services provided by VBFPW? کیا آپ ورکر کی مندرجہ ذیل خدمات سے مطمئن ہیں؟			
	Family planning information and education خاندانی منصوبہ بندی کے متعلق معلومات اور تعلیم	Yes No	1 2	<input type="checkbox"/>
	Provision of contraceptive supplies خاندانی منصوبہ بندی کے طریقے مہیا کرنا	Yes No	1 2	<input type="checkbox"/>
	Follow up care at her home ورکر کے گھر پر ملاقات	Yes No	1 2	<input type="checkbox"/>
	Home visits گھر پر ملاقات	Yes No	1 2	<input type="checkbox"/>

Q507	<p>Are you satisfied with the following services regarding mother care and childcare provided by the VBFPW?</p> <p>کیا آپ ماں اور بچوں کی دیکھ بھال کے سلسلہ میں درکر کے خدمات سے مطمئن ہیں؟</p>	<p>Health education صحت کے متعلق تعلیم</p> <p>Antenatal care حمل کے دوران ماں کی دیکھ بھال</p> <p>Postnatal care بچے کی پیدائش کے بعد ماں کی دیکھ بھال</p> <p>Child care بچے کی دیکھ بھال</p>	<p>Y N</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Q508	<p>In your opinion, what are the shortcomings in the work of VBFPW?</p> <p>آپ کے خیال میں درکر کے کام میں کیا خامیاں ہیں؟</p>	<p>Short comings</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Y N</p> <p>1 2</p>	<p><input type="checkbox"/></p>
Q509	<p>What would you suggest to improve the work of VBFPW?</p> <p>آپ درکر کی کارکردگی بہتر بنانے کے لئے کیا مشورہ دیں گی؟</p>	<p>Suggestions</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Y N</p> <p>1 2</p>	<p><input type="checkbox"/></p>

TIME:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### INTERVIEWER'S OBSERVATIONS

	Y	N	
	1	2	<input type="checkbox"/>
Interviewer _____			
Supervisor _____			

INTERVIEWER'S OBSERVATIONS

<input type="checkbox"/>		
		Interviewer
		Subject