

Evaluation of Role of Lady Health Supervisors in National Program for FF & PHC at District Bahawalnagar

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ABSTRACT

Aim: To evaluate the role of lady health supervisors in National programme for FP&PHC at District Bahawal Nagar.

Study design: It was a descriptive cross sectional study.

Methods: The Bahawal Nagar district is present in south Punjab. It consists of five tehsils. The total population of district Bahawal Nagar is 21 lac. There are 1242 Lady Health workers working in urban as well as rural area of the district. The 40 lady health supervisors are appointed by the government to supervise and check the performance of the lady health workers, in providing services to the community for FP & PHC. Primary health care was accepted by all the member countries of WHO as the key to achieving the goal of "Health for All" by the year 2000 AD.

Results: In the survey a random sample size of 20 out of 40 lady health supervisors working in urban and rural of five tehsils of district Bahawal Nagar were interviewed, by the interviewer with the help of DCO as well as ADCO National programme. The level of knowledge, skills and supervision of Lady Health Workers was found to be significantly good. The results of interviews conducted with LHS showed a satisfactory level of functioning, but also some weaknesses were observed in Lady Health supervisors (LHSs) and their support system. National programme for FP&PHC at district Bahawal Nagar provides important services to the women and children of poor communities in Pakistan. The federal programme implementation unit (FPIU) and the provincial programme implementation unit (PPIUs), along with the Ministry of Health (MOH) and the departments of health (DOH) in the Punjab, all need to maintain the strength of the programme and address the weaknesses outlined in this report.

Keywords: Lady health supervisor, national program

INTRODUCTION

Pakistan is a welfare state and its government has decided to provide basic health facilities to gross root level. So that people can live in a cleaned healthy environment. The programme was conceived in 1993 and launched in April 1994 for the well being of its people by the name of Prime Minister's Programme for family planning & Primary health care (PMP for FP & PHC). Its nomenclature was changed as National programme for FP and PHC in March 2000. The main goal of the programme was to establish a primary health care service:

- To achieve "Health for all" by providing primary health care services in the community.
- Providing accessible promotive, preventive, curative and rehabilitative services to the entire population.
- Bringing about community participation.
- Improving the utilization of health facilities
- Expanding availability of family planning services in urban slums and rural areas of Pakistan

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- Integrating existing health care delivery programmes like EPI, Malaria Control, Nutrition, MCH with the programme¹.

This programme is linked to higher level of education and socioeconomic status, narrowing gender gap in health and education, increased political component to population policies and change in individual attitudes contraceptive use has increased fourfold since 1965-70². A programme under the title of "National programme for family planning (FP) & Primary health care (PHC)" has been launched in Pakistan in 1994. PHC services widely available to rural and peri-urban communities. For delivery of these services programme's main stay is on lady health workers (LHWs)³.

The main functions of the LHSs are to check the work of the lady health workers at the health services and meeting with the community member, monthly progress report. One LHS has a responsibility to check the duties of the 25-30 LHWs in her catchment area⁴. The LHWs are supposed to carry out their services from their homes designated as "Health House". The monthly meeting of HSs is held at the end of every month where they submit their last monthly visit reports to DPIU (District programme implementation unit) which consist of: DOH (District

officer health, District Coordinator, Assistant District Coordinator (Female), Accounts supervisor, Store keeper of National Programme for family planning and PHC⁵. The main purpose of my study was to evaluate the role of lady health supervisors in National Programme for family planning and PHC and to see how supervision of this programme could be beneficial to achieve the targets of the programme.

METHODOLOGY

The study was conducted in district Bahawal Nagar where the National Programme was launched in Jan. 1998 in extended phase – III after conceived training and selection. This programme is in progress, all tehsils of District Bahawal Nagar since October 1999. Total population of Bahawal Nagar District is about 21 lacs. It is present in the south of the Punjab. The district Bahawal Nagar has five tehsils i.e., Bahawal Nagar, Chishtian, Fort Abbas, Haroonabad and Minchinabad

Study Population: All the lady health supervisors working in district Bahawal Nagar.

Sampling: Out of 40 lady health supervisors of district Bahawal Nagar, four LHSs from each tehsil were included in the sample. Thus 50% of the total LHSs were studied.

Data Collection Procedure: Data was collected through questionnaire based interviews with LHSs.

Data Analysis: Data was shifted to the master data sheet and analyzed by using Epi info software program.

RESULTS

Table 1: LHS Profile (n=20)

Variables	=n	%age
Age group in years		
20-24	1	5
25-29	13	65
30-34	6	30
Marital status		
Married	14	70
Single	06	30
Other (divorced, widows)	0	0
Educational status		
F.A.	01	05
B.B.	14	70
M.A.	05	25
Nurse	0	0
LHV	0	0
LHW's allotted for supervision		
20-22	02	10
23-25	10	50
26-28	07	35
29-31	01	05

Table shows that most of the LHSs under study were between 25-29 years of age and 70% were married, who were more confident in counseling and supervision as compared with the unmarried. As for as education was concerned, 70% of LHSs were B.A & 85% of them were supervising 23-28 LHWs.

Table 2: Availability of vehicle (n=20)

Availability of Vehicles	Frequency	%age
Yes	08	40
No	12	60

This table shows that most of the LHSs under study (60%) were not provided with vehicles and drivers, only 40% were availing this facility.

Table-3: Place of training (n=20)

Place of Training	Frequency	%age
DHQ Hospital	20	100
THQ Hospital	0	0

Table 4: Training of LHWs (n=20)

Training	Frequency	%age
Yes	20	100
No	0	0

Table 5: Houses visited by LHSs Per Day (n=20)

Health House visited per day	Frequency	%age
01	0	0
02	20	100
03	0	0

Table 3,4,5 indicate that all the LHSs obtained training at DHQ hospital level and they visited to health houses per day .

Table -6: Assessment of the performance of LHWs (n=20)

Method Used	Frequency	%age
Supervising check list	13	65
Check list and other methods	07	35
Other	0	0

It shows that 65% of LHSs used supervising check list to assess the performance of LHWs, while 85% relied on check list and other methods.

Table 7: Methods of Supervision (n=20)

Methods of supervision	Frequency	%age
Record	0	0
Observation	01	05
Meetings	0	0
Surprise visits	02	10
Record + observation	02	10
Record+Observation+Meeting	05	25
Record+meeting	0	0
Record+meeting+surprise visits	10	50

Table 8: Knowledge and Skills of LHSs (n=20)

Knowledge and Skills of LHSs	Frequency	%age
Very good (80-100 %)	08	40
Good (60-79%)	12	60
Average (40-59%)	0	0
Poor (0-39%)	0	0

Out of 20 LHSs, 12 showed would practices in technical skills at work place and 8 of them were grades as very good in skills.

Table 9: Constraints faced by LHSs

Constraints	Frequency	%age
Revision of pay scale	06	30
Provision of vehicle and driver	06	30
Regularity in provision of supplies	04	20
Regularity in provision of salary to LHSs	02	10
Regularity of provision of salary to LHWs	02	10

It shows that problems faced by Lady Health Supervisors in context of non revision of their pay scale was genuine and their field supervision was being met with great difficulties owing to shortage of vehicles along with drivers. 20% of the LHSs faced constraint due to irregular supply of medicines, stationery etc. Similarly, 10% of the LHSs complained about the irregularity in the process of disbursement of their salaries. Same was the constraints faced by the Lady Health workers working under the supervision of these LHSs.

DISCUSSION

Regarding the comprehensive training of LHSs, which is necessary for good supervision, it was observed that they were trained by District Master Trainer according to the need of National Program for family planning and primary health care, however, some deficiencies regarding MCH indicator (MMR) and supervisory skills were observed which need rectification.

Most of the time was spent in traveling and less time was given for supervision. Non availability of vehicles (60%), the supervision of LHWs could not be carried out efficiently and effectively.

Owing to scrutinizing monthly reports and feed back sheets submitted by LHS at DPIU, (District Program Implementation Unit), it was observed that class room arrangement for the training of LHWs was not adequate. However, LHSs guided LHWs at their place of work and helped them to improve their knowledge and skills.

All the LHSs complained of late disbursement of salary to LHWs and even to them and 60% of them pointed out the non availability of vehicles and drivers. They also complained of about inadequate

supply of medicine and stationery to LHWs. The sebcon in their evaluation reports mentioned that only held of LHWs were paid during previous month.

Sebcon also assessed that the unit cost of LHS was budgeted in revised PCI at Rs.6.515/month. The actual cost including here training, vehicle, driver, POL, repair and maintenance during two years (1997-99) was Rs. 3159/ month. The result of survey gives a clear indication how this under funding is affecting supervision in the program.

The quantity and efficiency of work provided by lady health supervisors in specified period of time was good. However, further improvement is needed in the knowledge, supervisory skills, frequent meetings with the health committee members (DPIU, DCO, ADCO, EDOH) and scheduled visits to LHWs.

CONCLUSION

- Well trained, qualified and full time posts of district coordinator and assistant district coordinator should be provided.
- Vehicles and drivers should be provided to all the lady health supervisors.
- Arrangement should be made for in service training or refresher courses for lady health supervisors at least once in a year.
- Managers supervising the LHSs should ensure that LHSs conduct scheduled supervisory visits regularly. The dates of these supervisory visits should also be conveyed to LHWs well in time.
- Managers should consider /ensure about budget for POL, repair and maintenance of vehicles.
- Arrangement for the timely disbursement of salary to both LHWs and LHS should be ensured.
- The pay of LHSs and LHWs should be increased upto at least Rs.5000/ month and Rs.3000/ month respectively.
- Supply of stationary and medicine to the lady health worker should be ensured will in time.

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