



# Impact of vacancies at the community level: insights from digital tools<sup>1</sup>

## Introduction

The Ministry of Health and Family Welfare (MOHFW)<sup>2</sup> operates through two large organizations to provide primary healthcare to the citizens of Bangladesh. One of those is the Directorate General of Family Planning (DGFP). DGFP employs a large pool of community level health and family planning workers predominantly in rural areas who provide services through home visits and at health facilities. However, many positions remain vacant. Digital tools such as those used by the electronic Management Information System (eMIS) at the grassroots level provide opportunities to examine the impact of these vacancies on health service delivery in real-time. This policy brief examines vacancies of one category of community level worker, Family Welfare Assistants (FWA), and suggests recommendations for DGFP to staff the vacancies expeditiously.

## Organizational structure of DGFP

The DGFP is a large organization, with structures down to the grassroots level. DGFP has a district structure which corresponds to general administrative boundaries. At the grassroots level, there are positions of community workers and hierarchically those of supervisors and managers at district and sub-district (upazila) level. First-line facilities at primary level are called Union Health and Family Welfare Centers (UHFWC), and provide outpatient services to eligible couples with family planning needs (ELCOs), maternal and child care services, and general primary health care. Some of the 3,975 UHFWCs are equipped for performing normal labor deliveries. There are 94 district level facilities called Maternal and Child Welfare Centers (MCWC), which provide full maternal/child care and general patient care (PMMU, MOHFW, 2016). At the village level, over 23,000 FWAs serve the communities and perform house visits, working in a catchment area called units. Units are located in a ward, the lowest administrative unit of the local government institution Union Parishad. The table below provides a snapshot of the district structure of DGFP.

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<sup>2</sup> Ministry of Health and Family Welfare is divided into 2 divisions, namely Health Services Division (HSD) and Medical Education and Family Welfare Division (MEFWD). The DGFP is under the MEFWD.

**Table 1. District structure of DGFP**

Administrative boundaries		DGFP Structure (excluding facilities)
District		Deputy Director, Family Planning (DDFP) – district manager
Upazila (sub-district)		Upazila Family Planning Officer (UFPO) – upazila (sub-district) manager
Union		Family Planning Inspector (FPI) supervisory role in union
Ward (composed of one or more villages)	FWAs (3–6 positions in one union of 9 wards)	

**FWAs are responsible for serving around 1,000 ELCOs in their catchment areas**

The FWAs provide a range of services to ELCOs,<sup>3</sup> pregnant women, adolescents, and children primarily through household visits. During household visits, FWAs distribute reproductive health commodities such as short-term family planning methods to existing clients, collect data on pregnant women, and provide counselling services to adolescents. They work alongside community level workers employed by the Directorate General Health Services (DGHS) in the Expanded Program on Immunization (EPI). The FWAs also serve from Community Clinics<sup>4</sup> and Satellite clinics<sup>5</sup> three days out of a six-day work week. Household visits are an integral part of their work but often they do not have sufficient time to make these visits since they also work at community and satellite clinics.

## Vacancies of government positions

**DGFP manages field vacancies by adding responsibilities to existing workload of health workers**

The Ministry of Public Administration publishes statistics on civil employees in the public sector.<sup>6</sup> Recent data show that the total number of sanctioned (i.e., approved) positions in the public sector was 1,885,868. Of those 1,504,913 were filled (80%) and 380,955 (20%) were vacant. Data reveal that a great number of posts remain vacant from year to year, as shown in Figure 1 below, with about 20% of positions being vacant in 2020 (the most recent year with available data).

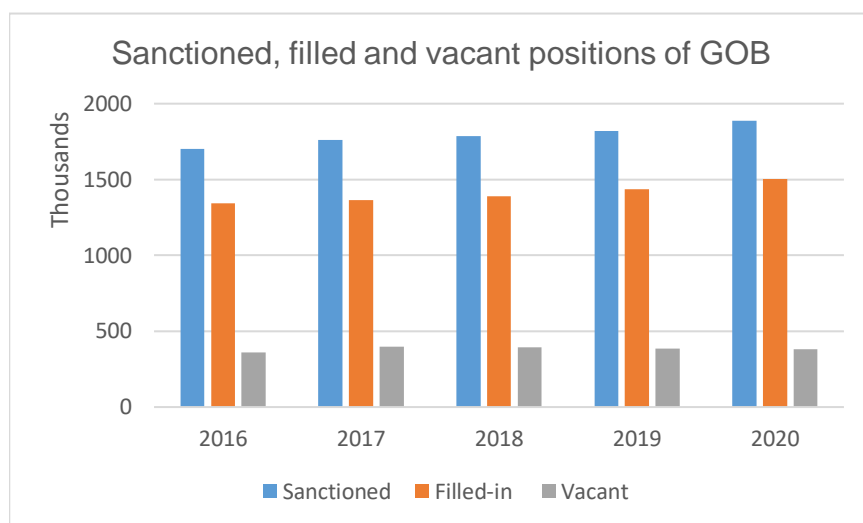
<sup>3</sup> Stands for eligible couples. The eligible couples are women, who are married and between the age of 15 and 49 and are not pregnant.

<sup>4</sup> Community Clinics have been established by the Ministry of Health and Family Welfare to provide day care services at the grassroots level.

<sup>5</sup> Satellite clinics are organized by UHFWCs in each ward once a week.

<sup>6</sup> Only permanent positions borne out of revenue budget of the Finance Division are included in MOPA statistics and as such not all positions are reflected in MOPA statistics.

**Figure 1. Vacancies in GOB civil organizations**



The total workforce of DGFP is 52,441<sup>7</sup> (MOPA, 2021). In 2020 41,426 of these positions (79%) were filled and 11,015 (21%) were vacant. Many of these vacancies were at the community level. DGFP managed the gaps in coverage by assigning staff from additional geographic areas to serve. This is a common practice and applies to all types of positions under the government of Bangladesh. FWAs may then be responsible for several other geographic units in addition to their main units. This results in further gaps in service delivery largely due to the overburdening of existing staff combined with the large number of vacant positions.

The DGFP must follow government rules and procedures regarding recruitment, posting, and promotions as framed by the Ministry of Public Administration and the Finance Division under the Ministry of Finance.<sup>8</sup> Filling posts requires the clearance of both ministries, which is a lengthy and complex process. This contributes further to the large number of vacant positions and ultimately the gaps in service delivery.

A powerful resource to help assuage these issues is the eMIS. It can provide information on human resources requirements and worker performance, thus assisting the DGFP in tackling its chronic problem of staff vacancies.

<sup>7</sup> The MOPA statistics do not include DGFP positions borne out of development budget, a separate budget category where temporary positions could be created with prior approval of the Planning Commission and Finance Division. DGFP recently started appointing volunteers to work in FWA units as a temporary measure.

<sup>8</sup> For example, the DGFP would send proposals to its parent Ministry/Division (Medical Welfare and Family Welfare Division of the Ministry of Health and Family Welfare), which would then seek clearance from the MOPA and Finance Division of the Ministry of Finance.

## eMIS apps and applications benefit supervisors and managers

### The eMIS allows managers to see a snapshot of vacant positions as well as monitor FWA performance

The eMIS implemented by the DGFP is a digital eco-system comprising a host of mobile apps and web-based applications supported by cloud servers and central databases. The DGFP started implementing eMIS in January 2015 as a pilot in two upazilas in two districts of Bangladesh. Initial results led to scale-up in other districts. As of May 2022, the eMIS has been scaled up in 39 out of 64 districts. The eMIS automates the business processes of DGFP community level workers and has led to the gradual replacement of paper registers and forms.

eMIS tools are used by different categories of users under the DGFP, one of which is the FWA. There are specific apps for different categories of users. The FWAs use the FWA eRegister—a mobile app used on tablets running on Android. The FWA eRegister replicates the paper register but has additional functionalities incorporated into the app such as generating advance workplans and submitting monthly reports. The FWA eRegister is vertically integrated with other administrative hierarchies used by supervisors and managers. It is also integrated with facility apps used by providers in first-line facilities.

FWAs are supervised by Family Planning Inspectors (FPI). FPIs perform a host of inspecting and supervisory duties using their own apps. The managers at sub-district and district level can review and monitor the performance of an individual provider or the entire workforce through apps or purpose-built web pages. Additionally, the eMIS tools display vacancies in FWA positions via the monitoring site (webpages accessible through Internet) intended for use by the managers, central level officials, and policy makers. Using eMIS data, it is possible to review the daily activities of the FWAs in the field in real-time, see where vacancies exist, correlate that with the number of household visits per unit, and enhance accountability.

## Insights from eMIS data

### The eMIS data are granular and allow drilling down to the data source

With eMIS data, users can:

- a) View real-time data on vacancies/human resources,<sup>9</sup> which include details on positions filled or vacant at the level of units, unions, upazilas, and districts
- b) Evaluate the activities performed by the health care worker (e.g., the number of households covered by the FWAs, including the number of ELCOs)
- c) Review the number of household visits conducted by the FWAs in their catchment areas on a monthly/daily basis (or categorized by *rounds*, the duty roster in a two- or three-month cycle)
- d) Find gaps in service delivery

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<sup>9</sup> The eMIS only maintains human resources data relevant for tracking the work of individual employees and does not cover full-fledged human resources information system.

## HR and performance data from eMIS

### High level of vacancies at the community level hamper service delivery

Almost a third (31%) of FWA positions are vacant in Bangladesh. In some divisions, the vacancy rate is as high as 43%. The division vacancies in districts where eMIS has been implemented is presented in Table 2.

**Table 2. Vacancies at the level of FWA in eMIS districts of divisions (from 36 eMIS districts in December 2021)**

Division	Sanctioned posts	Filled	% Filled	Vacant	% Vacant
Rangpur	2393	1708	71%	685	29%
Dhaka	1657	940	57%	717	43%
Sylhet	1700	1241	73%	459	27%
Rajshahi	403	249	62%	154	38%
Khulna	424	265	63%	159	38%
Chattogram	3957	2838	72%	1119	28%
Khulna	439	305	69%	134	31%
<b>Total</b>	<b>10973</b>	<b>7546</b>	<b>69%</b>	<b>3427</b>	<b>31%</b>

As mentioned, DGFP addresses the gaps in filled positions by assigning additional responsibilities to existing FWAs, thus overburdening them with more work. Table 3 shows the number of main (primary) units of responsibility for FWAs and the additional units allocated to them to cover the shortage of FWAs in the 36 eMIS districts.

**Table 3. Main and additional responsibilities in 36 districts under eMIS (December 2021)**

	District	Main	Additional	Unassigned	Total
1.	Bandarban	97	6		103
2.	Barguna	169	49		218
3.	Barishal	17	19		36
4.	Bhola	224	81	9	314
5.	Brahmanbaria	340	139	3	482
6.	Chandpur	164	74		238
7.	Chattogram	648	165	10	823
8.	Coxs bazar	183	39	5	227
9.	Cumilla	631	306		937
10.	Dhaka	47	19		66
11.	Dinajpur	44	9		53
12.	Gaibandha	347	53	2	402
13.	Gopalganj	224	73		297
14.	Habiganj	277	123		400
15.	Jhalokati	111	60	1	172
16.	Jhenaidah	209	143		352
17.	Khagrachhari	70	50	1	121
18.	Kishoregonj	158	61	3	222

	District	Main	Additional	Unassigned	Total
19.	Kurigram	282	20	41	343
20.	Lakshmipur	197	89	3	289
21.	Lalmonirhat	163	64	1	228
22.	Madaripur	148	139		287
23.	Manikganj	160	165	7	332
24.	Maulvibazar	217	126		343
25.	Narail	49	15		64
26.	Natore	183	143	3	329
27.	Nilphamari	210	111	3	324
28.	Noakhali	321	186	1	508
29.	Panchagarh	128	61	4	193
30.	Rajshahi	55	2	2	59
31.	Rangamati	128	9	2	139
32.	Rangpur	326	141	31	498
33.	Sunamganj	295	122	2	419
34.	Sylhet	420	50	13	483
35.	Tangail	338	289	1	628
36.	Thakurgaon	125	151		276
	<b>Total</b>	<b>7,705</b>	<b>3352</b>	<b>148</b>	<b>11,205</b>

FWA vacancies affect household visits. With so many vacant positions, current FWAs are expected to make an increased number of household visits to areas outside their main unit which affects their overall performance. The eMIS tools track the number of household visits by FWAs and this data can be used to understand the depth of the problem. Household visits take place in clusters—in a single trip many clients are served by FWAs. One encounter with the client (service recipient) is recorded as one visit in a household.

Raw household visit data from eight selected upazilas of a district<sup>10</sup> are retrieved from eMIS databases and presented in Table 4 below covering the period of July 2021 to December 2021 (6 months). It may be noted that during the reporting period, some staff transitions may have taken place, and this has not been accounted for in this analysis. The visits are grouped into five categories: no visit, up to 50 visits (negligible or insignificant), between 51 and 100 visits (could be considered under par performance), between 101 and 300 visits (moderate) and above 300 visits.<sup>11</sup>

<sup>10</sup> We are omitting the name of district and upazila as it may lead to comparing with other districts. Overall, it may be emphasized that the situation relating to additional or main units would be similar in all districts.

<sup>11</sup> The team collected data from 468 FWA units in 6 upazilas. Of these 468 FWAs, 320 are appointed as main units and are responsible for 148 additional units.

**Table 4. Average monthly visits by FWAs in main and additional units from July-December 2021**

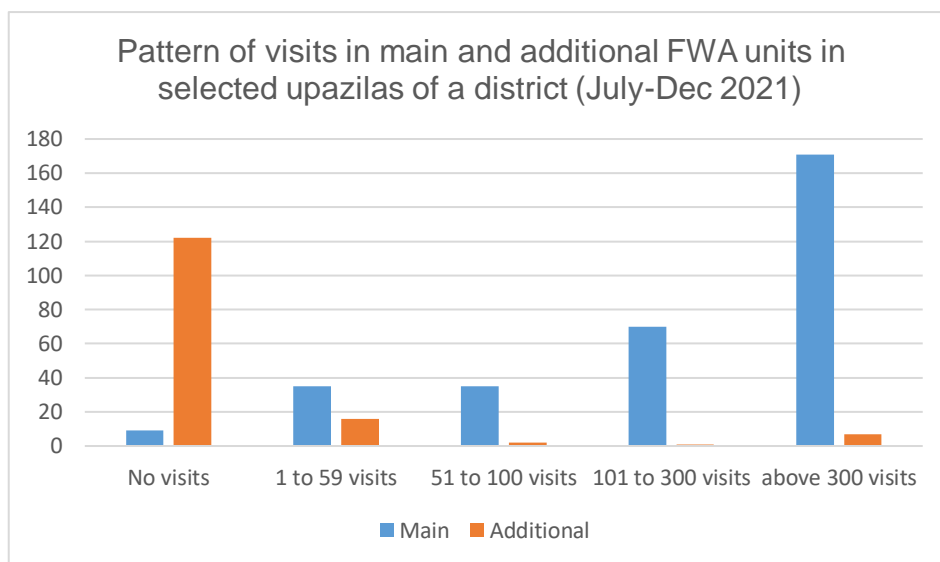
Upazila symbol	No of units			No visits		1-50 visits/month		51-100 visits/month		101-300 visits/month		More than 300 visits/month	
	Main	Additional	Total	Main	Additional	Main	Additional	Main	Additional	Main	Additional	Main	Additional
<b>Uz1</b>	54	18	72	1	15	4	1	5	0	8	1	36	1
<b>Uz2</b>	26	19	45	1	15	0	3	1	0	7	0	17	1
<b>Uz3</b>	36	17	53	0	15	4	0	2	0	7	0	23	2
<b>Uz4</b>	46	19	65	3	16	5	2	5	0	12	0	21	1
<b>Uz5</b>	45	12	57	0	11	1	0	1	1	6	0	37	0
<b>Uz6</b>	60	28	88	3	23	15	5	17	0	18	0	7	0
<b>Uz7</b>	29	17	46	0	15	5	2	2	0	8	0	14	0
<b>Uz8</b>	24	18	42	1	12	1	3	2	1	4	0	16	2
<b>Total</b>	320	148	468	9	122	35	16	35	2	70	1	171	7

Table 4 shows:

- a) In upazila 1, there is a total of 72 FWA units. Of these, 54 units are assigned as main and 18 as additional. Out of the 54 main units, only one unit lacked any visit by the FWA (2%, as shown in Table 5 in Annex), whereas no visits were conducted in 15 (83%, as shown in Table 6 in Annex) out of the 18 additional units.
- b) In the same upazila, the FWAs conducted up to 50 visits per month on average in four main units (7%) and in one (2%) additional unit.
- c) In the same upazila, the FWAs conducted between 51 and 100 visits on average per month in five main units (9%) and no visits in this category in the additional units.
- d) In the same upazila, the FWAs conducted between 101 and 300 visits on average in a month in eight main units (15%) while none in this category in the additional units.
- e) In the same upazila, the FWAs conducted more than 301 visits a month on average in 36 main units (67%) and in one (2%) additional unit.

Figure 2 presents the comparative total picture:

**Figure 2. Visit patterns in 320 main and 148 additional FWA units**



## Observations

From this analysis, we find that:

- Visits to additional FWA units are rarely undertaken, leaving a large section of the population unserved or underserved in terms of family planning activities, maternal, child, and adolescent care.
- A high number of visits (above 300) to additional units is uncommon and it is likely that FWAs prioritize their main units.
- It should be recognized that physically it is not possible to undertake visits to all main and additional units.
- The data suggest that some main units also suffer from no visits, though that occurs overwhelmingly in additional units. Whether prioritizing additional units hampered work in additional units was not examined for this brief.

## Recommendations

- A large number of FWA vacancies adversely affect service delivery at the community level. eMIS provides easily retrievable data on gaps in service delivery in specific geographic areas and can be used by policy makers from DGFP, Ministry of Education and Family Welfare Division, Ministry of Public Administration, and Ministry of Finance to address the systemic problem in understaffing and ultimately improve the health of the rural population.
- While not covered in this analysis, FWAs provide services at community clinics and satellite clinics. An analysis could be performed to understand if FWAs are reaching the population in additional units through static facilities.



## **Bibliography**

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## Annex

**Table 5. Pattern of household visits in FWA (Main) units of 8 upazila of a district under eMIS (July–December 2022)**

Upa- zila	Total Main	0 visits		1–50 visits		51–100 visits		101–300 visits		>301 visits	
		Number	%	Number	%	Number	%	Number	%	Number	%
Uz1	54	1	2%	4	7%	5	9%	8	15%	36	67%
Uz2	26	1	4%	0	0%	1	4%	7	27%	17	65%
Uz3	36	0	0%	4	11%	2	6%	7	19%	23	64%
Uz4	46	3	7%	5	11%	5	11%	12	26%	21	46%
Uz5	45	0	0%	1	2%	1	2%	6	13%	37	82%
Uz6	60	3	5%	15	25%	17	28%	18	30%	7	12%
Uz7	29	0	0%	5	17%	2	7%	8	28%	14	48%
Uz8	24	1	4%	1	4%	2	8%	4	17%	16	67%
Total	320	9	3%	35	10%	35	9%	70	22%	171	56%

The visit pattern in the additional units are shown in the following table in percentage terms:

**Table 6. Pattern of household visits in FWA units (additional) of 8 upazila of a district under eMIS (July–December 2022)**

Upa- zila	Total	0 visits		1–50 visits		51–100 visits		101–300 visits		>301 visits	
		Number	%	Number	%	Number	%	Number	%	Number	%
Uz1	18	15	83%	1	6%	0	0%	1	6%	1	6%
Uz2	19	15	79%	3	16%	0	0%	0	0%	1	5%
Uz3	17	15	88%	0	0%	0	0%	0	0%	2	12%
Uz4	19	16	84%	2	11%	0	0%	0	0%	1	5%
Uz5	12	11	92%	0	0%	1	8%	0	0%	0	0%
Uz6	28	23	82%	5	18%	0	0%	0	0%	0	0%
Uz7	17	15	88%	2	12%	0	0%	0	0%	0	0%
Uz8	18	12	67%	3	17%	1	6%	0	0%	2	11%
	148	122	83%	16	10%	2	2%	1	1%	7	5%

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