



Nepal Family Health Program II Technical Brief # 1 (Revised February 2012) www.nfhp.org.np

Female Community Health Volunteers



A FCHV conducts a Mother's Group meeting

BACKGROUND

The national Female Community Health Volunteer (FCHV) Program was introduced in 1988, under the Public Health Division of the Ministry of Health (MOH), Government of Nepal. By 1995, the program was established in all 75 districts. There are now 48,549 FCHVs currently assisting with primary health care activities and acting as a bridge between government health services and the community. They are local community women from various ethnic groups; their median age is 38 years, and 42 percent have never attended a school.

Since inception of the program, FCHVs have served as frontline local health resource persons who provide community-based health education and services in rural areas, with a special focus on maternal and child health and family planning. FCHVs have played a significant role in: the biannual distribution of vitamin A capsules and deworming tablets, National Immunization Days, distribution of family planning commodities, and treatment of diarrhea with zinc and ORS with referral of severe dehydration cases to health facilities (HFs). They also provide community-based treatment of pneumonia, counsel families on the management of acute respiratory infections, and refer severe cases to HFs in all 75 districts. With their unique and close proximity to the community, FCHVs form the foundation of Nepal's community-based primary health care system and are the key referral link between health services and community members.

The Family Health Division (FHD) at the Ministry of Health and Population (MOHP) takes the lead role in

managing the FCHV program. An FCHV subcommittee has been established under the Reproductive Health Central Committee to coordinate and develop policy and guidelines for the FCHV program.

In 2003-04 a newly revised National FCHV Program Strategy was developed which encourages the government and its many collaborating agencies (USAID, UNICEF, UNFPA, and nongovernmental organizations), who are members of the FCHV subcommittee, to work together in support of the FCHV program. The strategy document provides strategic direction and critical approaches to ensure a strengthened national program and consistent, continuous support of every FCHV.

Key Achievements

- During the 2008/09 fiscal year, FCHVs treated 3,24,610 children with pneumonia and counseled 11,27,695 families of children with coughs and colds on appropriate home care. (Annual Report 2008/09)
- Over 11,44,369 packets of ORS and 32,40,841 zinc tablets were distributed by FCHVs to manage diarrhea cases in children under 5 years old. (Annual Report 2008/09)
- 98% of children (6-59 months) were supplemented biannually with vitamin A by FCHVs. (NTAG Micronutrient Survey 2008)
- In NFHP-supported core program districts (CPD), 40% of pregnant women had discussed their pregnancies with FCHVs and 25% of postnatal women received FCHV visits. In these CPDs, 21% of diarrhea cases were managed by FCHVs. (NFHP II Midterm Survey 2009)

STRATEGIC APPROACH

The Nepal Family Health Program II (NFHP II) provides technical assistance to the national FCHV program. NFHP II supports various (FCHV) trainings at community and central levels and assists government counterparts with strategic planning, strategy revision, guidelines, and development of training materials.

As part of its strategic approach, NFHP II supports the meetings of mothers' groups (MGs), primarily comprised of women of reproductive age, as a venue for FCHVs to provide health education on many topics-including safer motherhood, neonatal and child care, and family planning. Active MGs are an important component to ensure a successful and sustainable FCHV program. At least one

FCHV per ward is selected by the group. She serves as secretary, regularly conducts MG meetings and receives an 18-day basic training course during which she is provided with a reference manual, program materials, behavior change communication (BCC) resources, and a set of essential commodities and first aid supplies. Resupply of commodities is done by her immediate supervisor, the Village Health Worker (VHW/MCHW), during supervision visits or through visits to the nearest health facility, usually a sub-health post (SHP).

ACTIVITIES

Some FCHV program activities are standardized and carried out nationwide by the 48,549 FCHVs. Other activities are being tested in select districts before being scaled up.

1. National core activities. Core activities are those which FCHVs in all 75 districts are conducting. These include biannual distribution of vitamin A capsules and deworming tablets to children under 5 years of age, provision of health education in family planning, distribution of condoms and pills, community based treatment of pneumonia with first line antibiotics, treatment of diarrhea with zinc and ORS, referral of sick neonates under community based integrated management of childhood illness (CB-IMCI), antenatal counseling for pregnant women using the Birth Preparedness Package, and other maternal and child health activities. Activities in each FCHV's area are recorded in a "ward register" designed for low-literate users, which reports on three years of activities using a 'tick mark' system. FCHVs are supposed to report on their activities monthly, usually through the VHW or the Maternal Child Health Worker (MCHW). Reports are compiled at the district level and then collated; some data are then published nationally in the annual report of the Department of Health Services.

2. District-specific activities. Some activities are undertaken in one or more districts or regions but are yet to be fully scaled-up nationally. These activities are fully consistent with FCHV program goals and objectives and are supported by governmental programs, donor partners or international non-government organizations (INGOS). Examples of such activities include:

- **Community-level safe motherhood and neonatal activities.** Other activities being progressively scaled up towards national level include provision of iron folate and albendazole to pregnant women and piloting of Community-based Maternal/Neonatal Health (CB-MNH) activities in several districts, such as distribution of chlorhexidine (Kawach) to mothers for improved neonatal cord stump care (for more information on CB-MNH, please see NFHP II Technical Brief #10). To control postpartum hemorrhage (PPH), distribution of misoprostol by

FCHVs to pregnant women was tested in Banke district (for more information on NFHP II's community-based prevention of PPH activities, see NFHP II Technical Brief #11), and distribution by health facility workers will be tested in Sindhuli district. In addition, Saving Newborn Lives (SNL) and USAID/NFHP have also supported an intervention of improved newborn care under the MINI program in Morang district, focusing on neonatal infections. There, FCHVs were involved in early identification and management of sepsis (see NFHP Technical Brief #5).



A FCHV gives a dose of vitamin A to improve this child's immunity

- **Participation in HFOMCs.** FCHVs participate in Health Facility Operations and Management Committees (HFOMC), which exist in peripheral health facilities in about one third of Nepal's districts. HFOMCs were established to devolve management of health facilities and health programs to local communities. FCHV representation in HFOMCs not only improves HFOMC functioning, but also serves to empower FCHV members, further strengthens their ties to the community, and increases representation of disadvantaged and ethnic groups.

SUPPORT FUNCTIONS

The MOHP has several mechanisms to support FCHVs in their work:

FCHV Fund: In 2001, an FCHV Endowment Fund was introduced to generate local financial support for volunteers and to ensure that some local funds were available for FCHV support activities. Endowment Funds were established in 50 districts. In 2006, however, a qualitative study conducted in six districts found that the Endowment Fund was not working as expected, as interest generated was too little to be useful and FCHVs had no access to the principal.

Thus in 2008, the MOHP approved a new "FCHV Fund Operational Guideline" providing access to micro-credit

funds specifically set aside for FCHVs. Under this model, the government gave each VDC NRs 50,000, and mandated that any remaining funds from each VDC's Endowment Fund be turned over to the FCHV Fund. From this new FCHV Fund (which is administered by FCHVs), FCHVs can borrow money for income-generating activities. As of 2009, the MOHP had increased the Fund amount to a total of NRs 60,000 per VDC and also provided NRs 100,000 to each district for the FCHV Fund.

National FCHV Day: In 2004, to honor the contribution of FCHVs to the health sector, the MOHP declared October 1st National FCHV Day. FCHV Day is now celebrated annually at the national, district, and VDC levels through different programs and awards are given to FCHVs. In 2007, government issued a post card on 4th National FCHV Day, recognizing their valuable contribution. However, the new FCHV strategy has proposed to celebrate National FCHV Day on International Volunteer's Day.



FCHV Post Card

FCHV Incentives: FCHVs receive a “dress allowance”, torches, bicycles (in some VDCs), IEC materials, identity cards, training completion certificates, and signboards for their houses identifying them as FCHVs. In addition, NFHP II is producing “Hamro Kura”, an FCHV magazine, and is distributing it to FCHVs in all 75 districts.

FCHV Database: An electronic database has been developed with technical support from NFHP I to include a profile of every FCHV. The database is used at the central as well as district levels for strategic planning and implementation purposes.

Annual FCHV Surveys: Since 2002, FCHV surveys have been conducted annually in NFHP-supported districts in order to monitor the supply situation and also to assess aspects of FCHV service delivery, including treatment of pneumonia, diarrhea, counseling, provision of pills, condoms, referrals for delivery, etc. In 2006, the survey was expanded in all 75 districts of the country and results

were disseminated among partners and used for program planning for the subsequent year. The 2006 FCHV survey provided results for both national as well as district levels.

Signature Tune: To further the FCHV “brand”, the government of Nepal (GoN) developed a musical logo which is aired on TV and radio to precede public health-related service announcements.

Retirement Stipend: In 2008, the GoN passed a policy providing for a retirement stipend of NRs 10,000 for any FCHV retiring from service once they are 60 years old (mandatory).

RESULTS

- Even illiterate or minimally literate women have been able to play a vital role in improving the health status of members of their communities.
- Nepal Demographic and Health Survey (NDHS) 2006 shows 88% vitamin A and 82% deworming coverage nationally. All doses were provided by FCHVs. This program saves an estimated 12,000 lives per year and appears to be responsible for the reduction in childhood anemia seen in the NDHS 2006.
- There has been a gradual increase in the number of pneumonia cases treated. Between 2003/04 and 2007/08, approximately half of all outpatient pneumonia cases treated in the public sector were treated by FCHVs.

LESSONS LEARNED

- FCHVs can play a critical role in improving maternal and child health. The FCHV program has contributed to the empowerment of women through community participation.
- Even illiterate women can identify and effectively treat pneumonia, provided they receive proper training and orientation and continued support including commodities.
- Since various community-based health activities are conducted by FCHVs, trainings on various health issues motivate them to perform more efficiently. As a result, more than 75% of FCHVs indicate they would prefer to take on even more such work.
- Effective community mobilization and recognition of their efforts by their households and community has enabled FCHVs to generate support to conduct their regular tasks.
- FCHVs are motivated by a desire to serve their communities to gain *dharma*. They expect to serve without being paid a regular salary but also according to their own schedules.

CHALLENGES

- **Threats to volunteerism.** Increasing expectations of FCHVs, as more and varied programs wish to implement their interventions through FCHVs, may have a detrimental effect on the voluntary nature of their service. Their motivation and retention is paramount to program sustainability. For the FCHV program to remain successful and sustainable, the voluntary nature of the job needs to be maintained. Therefore, a central-level coordination committee should be formed to coordinate and update various divisions and centers mobilizing FCHVs.
- **Voluntary and mandatory withdrawal.** The FCHV strategy gives guidelines regarding retirement of FCHVs who turn 60 years of age (mandatory), or who are inactive or not able to work due to personal or physical reasons (voluntary). In practice however, FCHV withdrawal does not always take place as there is reluctance on the part of the FCHVs to retire. District and local HFs should give suitable encouragement to convince inactive or physically disabled FCHVs to leave their positions, thereby facilitating the practice of voluntary withdrawal.
- **Over-complication of FCHV ward registers.** Over time, FCHV ward registers have become lengthier and more complicated to complete, as FCHVs have been asked to collect more and more program data. This threatens FCHVs' motivation and ability to use ward registers accurately, which could negatively affect the quantity and validity of data collected.
- **Community ownership.** It is difficult for communities to take ownership of FCHVs, but necessary for long-term sustainability of the program. FCHVs require strong support from all levels (local, district, and central). Communities can and should play

an increased role in the future success and ownership of the program, as well as in the generation of support for FCHVs. Therefore, communities should be made more aware of FCHVs' contribution to community health. Opportunities exist during National FCHV Day, village-level orientation meetings associated with various programs, and through the visible commitment of local leaders and other influential stakeholders.

- **Coordination.** A good communication network is essential but challenging for coordinating the FCHV program.

REFERENCES

- FCHV Section/FHD Report/FHD, MOH HMG/N, 2002.
- FCHV Survey Report, FHD, MoHP HMG/N, 2006.
- FCHV Fund Operational Guideline, FHD, MoHP HMG/N, 2008.
- Annual Report of Department of Health Services-DoHS 2008/09.
- Population Division MOHP/GON Kathmandu, Nepal and New ERA Kathmandu, Nepal and Macro International Inc., Demographic and Health Surveys for 1996, 2001 and 2006, Calverton, Maryland, U.S.A.
- Family Planning, Maternal, Newborn and Child Health Situation in Rural Nepal: A Midterm Survey for NFHP II, 2009.
- Nepali Technical Assistance Group (NTAG), Micronutrient Survey Report, October 2008 Round, 2008.



USAID
FROM THE AMERICAN PEOPLE

The program/research described in this article was supported under the Nepal Family Health Program II which is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of NFHP II and do not necessarily reflect those of USAID or The United States Government.

NFHP II is implemented by JSI Research and Training Institute, Inc., in partnership with Engender Health, Jhpiego, Save the Children, World Education, Inc., Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services Private Ltd., Nepal Red Cross Society, United Mission to Nepal, BBC Media Action, Digital Broadcast Initiative Equal Access Nepal, Family Planning Association of Nepal and Center for Development and Population Activities.