# Nepal Family Health Program
# Technical Brief #1

# Female Community Health Volunteers

*FCHVs using the Birth Preparedness Package Flipchart for Health Education at a Mothers' 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[1] 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; 42 percent have never attended school[2].

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, National Immunization Days, distribution of family planning commodities, oral rehydration salts. They also provide community-based treatment of acute respiratory infections (ARI) and referral to health facilities (HFs) in program 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 2006 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 FHCV subcommittee, to work together in support of the FCHV program. The document provides strategic direction and critical approaches to ensure a strengthened national program and consistent, continuous support of every FCHV.

### Key Achievements

- During the 2006 fiscal year, FCHVs treated 196,065 children with pneumonia and counseled 2,227,777 families of children with coughs and colds on appropriate home care.
- Ninety-five percent of children (6 – 59 months) were supplemented biannually with Vitamin A – by FCHVs. (Mini Survey 2006)
- Over 818,000 packets of ORS were distributed by FCHVs to manage diarrhea cases in children under 5 years old. (HMIS 2005-06)
- Nepal DHS 2006 shows a 90% vitamin A and 84% deworming coverage, all provided by FCHVs.

## STRATEGIC APPROACH

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

As part of its strategic approach, NFHP supports the meetings of mothers' groups (MGs), primarily comprised of women of reproductive age, as a venue for the FCHV 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), during supervision visits or through visits to the nearest health facility, usually a sub-health post (SHP). Subsequently, a five-day refresher training course is available every five years for FCHVs to update their knowledge and skills.

## ACTIVITIES

Some FCHV program activities are standardized and carried out nationwide by the 48,549 FCHVs. Others are still being implemented and tested in selected 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 de-worming tablets, provision of health education in family planning (FP), distribution of condoms, and pills, distribution of oral rehydration salts, and maternal and child health. The 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 'tick marks'. FCHVs are supposed to report on their activities monthly, usually through the Village Health Worker (VHW) or the Maternal Child Health Worker (MCHW). The reports are compiled at the district level and then collated and some data 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 (I/NGOS). Examples of such activities include:

- Community-Based Integrated Management of Childhood Illness (CB-IMCI). The CB-IMCI program was introduced in 1995 to reduce mortality and morbidity associated with major childhood illnesses such as diarrhea, acute respiratory infection (ARI), measles, malnutrition, and malaria—which account for about 70 percent of child deaths in developing countries. FCHVs have played a significant role in diagnosing, referring, and treating pneumonia cases. The program is now established in 42 of Nepal's 75 districts and is expected to reach full national scale within the next two to three years.

- Community-level safe-motherhood and neonatal activities. Two more activities are now being progressively scaled up towards national level – antenatal counseling by FCHVs, using the Birth Preparedness Package and Iron-Intensification – provision of iron / folate and albendazole to pregnant women. NFHP has also piloted **Community-Based Maternal Neonatal Care** in three districts: Jhapa, Banke, and Kanchanpur in 2005/06. FCHVs counsel pregnant women on danger signs during pregnancy, delivery, and the postpartum period and carry out antenatal care and postpartum visits using birth preparedness package (BPP) flip charts. To control postpartum hemorrhage, misoprostol is now distributed by FCHVs to pregnant women in Banke district. (For more information on NFHP's CB-MNC, please see **NFHP Technical Brief #14**.) 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. FCHVs are involved in early identification and management of sepsis. (See **NFHP Technical Brief #5: The Morang Neonatal Intervention, MINI**).

## SUPPORT FUNCTIONS

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

*Endowment Fund:* In 2001**,** The FCHV Endowment Fund (EF) was introduced to generate local financial support for volunteers and to ensure that some local funds were available for activities to support FCHVs. Endowment funds have now been established in 50 districts. In 2006**,** however, a qualitative study conducted in six districts found that the fund was not working as expected – as interest generated is too little to be useful and FCHV have no access to the principal. Policies and guidelines have been revised so that FCHVs get more benefit from the fund.

*Radio Program:* The Radio Health Program has been broadcast nationally and has included a distance education (DE) component for FCHVs. The overall purpose of the DE has been to update FCHVs technical knowledge on maternal/ child health and family planning. Radios and printed materials were distributed to FCHVs in selected districts. (See **Technical Brief #16: Radio Health Program**.)

*FCHV counting respiratory rate during training.*

*National FCHV Day:* In 2004, to honor the contribution of FCHVs to the health sector, the MOHP declared October 1st as National FCHV Day. FCHV Day is now celebrated annually at the national, district and Village Development Committee levels through different programs and awards to FCHVs.

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

*Annual FCHV Surveys:* Representative surveys are conducted annually to assess aspects of FCHV service delivery, including treatment of pneumonia, diarrhea, counseling, provision of pills, condoms, referrals for delivery, etc. In 2006, all 75 districts in the country were included in the survey and the results were disseminated among partners and used for program planning for the subsequent year.

## 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 & Health Survey (NDHS) 2006 shows a 90 percent vitamin A and 84 percent deworming coverage. All doses are 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. In the last three years (2003/4-2005/06) approximately half of all outpatient pneumonia cases treated in the public sector were treated by FCHVs.

## LESSON 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**, providing 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 percent 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.**

## 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 withdrawal.** The FCHV strategy gives guidelines regarding retirement of FCHVs who are not able to work due to personal or physical reasons. In practice however, this voluntary withdrawal does not always take place as there is a 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.

- **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, the communities should be made more aware of their contribution to community health. Opportunities exist during the National FCHV Day, village-level orientation meetings associated with various programs, and through the visible commitment of local leaders and influentials.

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

*Training approaches suitable for the non-literate.*

## RECOMMENDATIONS

- Advocacy for the FCHVs program is necessary at national, regional, and district levels.

## CONCLUSIONS

Nepal's FCHV program represents an effective and sustainable approach to improving key health services in partnership with communities. Subsequently, the success of FCHVs in specific program areas has increased the desire of both government and donors to see this program continue and further develop. Their dedicated efforts in community health activities are gradually being recognized by communities, local organizations, external donors, and high-level policy makers within the MOHP.

## REFERENCES


1. FCHV Section/FHD Report/FHD, MOH HMG/N, 2002.

2. FCHV Survey Report 2006.

3. Demographic Health Survey; Reports, 1996, 2001 and 2006.



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