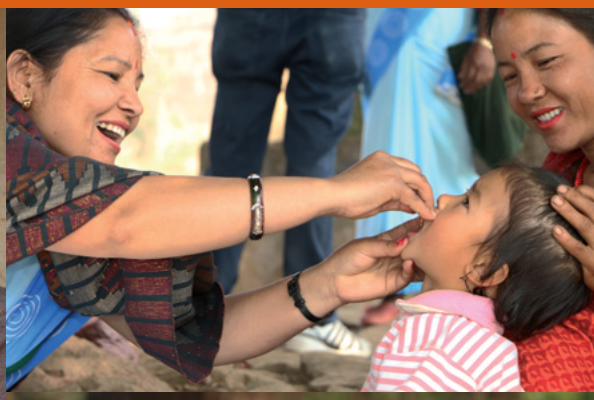
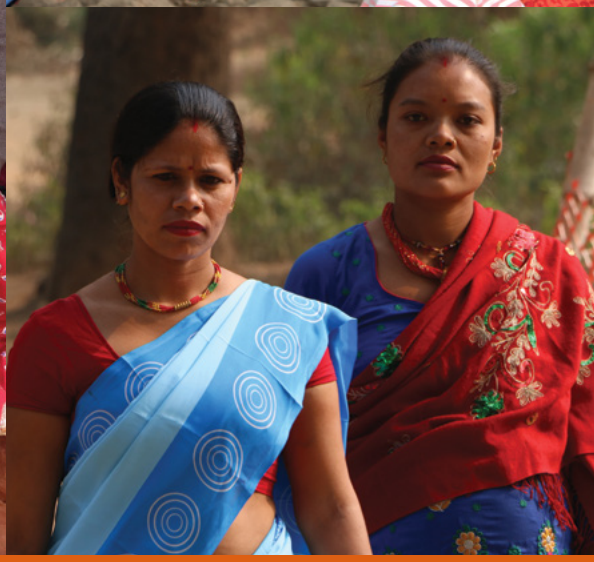
ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: NEPAL

SEPTEMBER 2016





USAID FROM THE AMERICAN PEOPLE

JSI Research & Training Institute, Inc.

fhi360 THE SCIENCE OF IMPROVING LIVES

Advancing Partners & Communities
Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc. in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Recommended Citation
Kimberly Farnham Egan, Kristen Devlin, and Tanvi Pandit-Rajani. 2016. *Community Health Systems Country Profile: Nepal.* Arlington, VA: Advancing Partners & Communities.

Photo Credits: Puskar Khanal/JSI Research & Training Institute, Inc.

JSI RESEARCH & TRAINING INSTITUTE, INC.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

ACRONYMS

AHW	auxiliary health worker
ANM	auxiliary nurse midwife
APC	Advancing Partners & Communities
CB-IMNCI	community-based integrated management of newborn and childhood illness
CHD	Child Health Division
CHS	community health system
CMA	community medicine assistant
DHO	district health office
DOHS	Department of Health Services
EPI	expanded program of immunization
FCHV	female community health volunteer
FHD	Family Health Division
FP	family planning
HFOMC	health facility operations and management committee
HMG	health mothers group
HMIS	health management information system
IUD	intrauterine device
MCHW	maternal and child health worker
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
NGO	nongovernmental organization
PHC	primary health care
PHCC	primary health care center
PHC/ORC	primary health care outreach clinic
RHD	regional health directorate
RMNCH	reproductive, maternal, newborn, and child health

TB	tuberculosis
USAID	Unites States Agency for International Development
VDC	village development committee
VHW	village health worker
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each country as appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health (RMNCH); nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

NEPAL COMMUNITY HEALTH OVERVIEW

Nepal's health system has continuously evolved since its inception, with a focus on improving access at the community level, particularly for women and children. The country's community health system is guided by a number of policies, strategies, and guidance documents created at the central level and implemented at the district and community levels. Oversight and guidance from the central level has facilitated harmonized programming while giving districts and communities ownership of program implementation and monitoring.

The *National Health Policy 2014* provides an overarching framework for Nepal's community health system. It adapts priorities from the previous national policy, developed in 1991, and emphasizes sustaining the country's achievements in communicable disease control and reducing maternal and infant mortality rates. The policy also outlines a new focus on non-communicable diseases. The 2014 policy lays out strategies to achieve universal health coverage. In addition to the *National Health Policy,* several health-specific policy documents also provide guidance for Nepal's community health system, including FP, maternal, newborn, and child health (MNCH), community-based integrated management of newborn and childhood illness (CB-IMNCI), HIV and AIDS, nutrition, malaria, tuberculosis (TB), immunization, and WASH.

Table 1. Community Health Quick Stats

Main community health policies/strategies	*National Female Community Health Volunteer Program Strategy*		*National Health Policy 2014*
Last updated	2010		2014
Number of community health provider cadres	3 main cadres		
	Auxiliary health workers (AHWs)	Auxiliary nurse midwives (ANMs)	Female community health volunteers (FCHVs)
Recommended number of community health providers	4,012 AHWs	4,012 ANMs	48,946 FCHVs
Estimated number of community health providers	3,600 AHWs	3,600 ANMs	47,000 FCHVs
Recommended ratio of community health providers to beneficiaries	1 AHW : 1 health facility[1]	1 ANM : 1 health facility[1]	*Ward-based:* 1 FCHV: 100–500 people; *Population-based:* 1 FCHV : 150 people (Mountain District); 1 FCHV : 250 people (Hill District); 1 FCHV : 500 people (Terai/Plain District)[2]
Community-level data collection	Yes		
Levels of management of community-level service delivery	Central, regional, district, community		
Key community health program(s)	FCHV Program as well as other national health-focused programs (FP; nutrition; immunization; MNCH; community-based integrated management of newborn and childhood illness (CB-IMNCI)[3]; etc.)		

[1] The recommended ratio of AHWs and ANMs is based not on the number of beneficiaries but on the number of health facilities (primary health care centers or health posts).
[2] Districts use either the number of wards or their population to determine the recommended FCHV to beneficiary ratio. FCHVs are therefore considered to be either ward-based or population-based. In population-based districts, the ratio depends on the geographic designation: Mountain, Hill, or Terai/Plain Districts.
[3] The community-based integrated management of childhood illness and the community-based newborn care packages were integrated in 2014-2015 to become the CB-IMNCI program.

Nepal's policies also provide guidance for the country's three community health provider cadres: female community health volunteers (FCHVs), auxiliary health workers (AHWs), and auxiliary nurse midwives (ANMs). FCHVs are volunteers that operate under the Ministry of Health's (MOH) national FCHV program and provide a broad range of health services with a specific focus on MNCH and CB-IMNCI. AHWs and ANMs are paid health workers who are employed by the government at health facilities and can provide a higher level of care than FCHVs. AHWs and ANMs provide a broad range of primary health care (PHC) services, but ANMs specifically provide RMNCH services as well.

Female community health volunteers are the main source of basic health services and information at the community level in Nepal.

Until recently, two other cadres—village health workers (VHWs) and maternal and child health workers (MCHWs)—operated in Nepal. These cadres were upgraded to AHWs and ANMs, but there is no clear policy outlining this transition or providing training to former VHWs and MCHWs.

The *National Female Community Health Volunteer Program Strategy 2010* lays out the purpose of and provides guidance for the current iteration of the FCHV program and is fairly comprehensive. The document provides specific information on selection criteria, retention, scope of service provision, training, supervision, incentives, referrals, and monitoring and evaluation procedures for FCHVs.

The policy also mentions health mothers groups (HMGs), which are heavily involved in the FCHV program. HMGs select FCHVs for their community, hold monthly FCHV meetings, share health information with members of the community, and encourage the community to use FCHV services. The HMGs are an important link between FCHVs and the communities they serve.

Table 2. Key Health Indicators, Nepal

Total population[1]	28.4 m
Rural population[1]	80%
Total expenditure on health per capita (current US$)[2]	$40
Total fertility rate[3]	2.6
Unmet need for contraception[3]	27%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	43.2%
Maternal mortality ratio[4]	258
Neonatal, infant, and under 5 mortality rates[3]	33 / 46 / 54
Percentage of births delivered by a skilled provider[3]	36%
Percentage of children under 5 years moderately or severely stunted[3]	40.5%
HIV prevalence rate[5]	0.2%

[1] PRB 2016; [2] World Bank DataBank 2014; [3] Ministry of Health and Population [Nepal], New ERA, and ICF International Inc. 2012; [4] World Health Organization 2015; [5] UNAIDS 2015.

In addition to the FCHV program, there are multiple nationwide health area-specific programs, each of which is structured according to a corresponding policy or guidance document and is implemented by community health providers. Given the large number of national policy documents, guidance at times overlaps and contains gaps and contradictions.

LEADERSHIP AND GOVERNANCE

Community-based service delivery in Nepal is managed and coordinated across the central, regional, district, and community levels. Each level has a distinct role in supporting policy and program implementation, as described below.

- The MOH's Department of Health Services (DOHS) oversees and coordinates health programs at the **central level**. The role of the DOHS is to coordinate multiple health-specific divisions within the department and develop policy guidance for various programs and initiatives. The DOHS also collaborates with national stakeholders (e.g., other ministries and departments, international and local nongovernmental organizations [NGOs], and international donors), and is responsible for monitoring progress through a health management information system (HMIS) that aggregates information from local municipalities and programs. The Family Health Division (FHD) of the DOHS manages FP, reproductive health, and safe motherhood programs, while the Child Health Division (CHD) manages CB-IMNCI, immunization, and nutrition programs. An additional sub-committee within the FHD oversees the FCHV program.

- At the **regional level**, a regional health directorate (RHD) supports the program planning and implementation needs of the central and district levels, coordinates with other regional-level authorities, and conducts supervision and monitoring activities.

- The district health office (DHO) is responsible for implementing policies and health programs at the **district level**. As part of that process, the DHO coordinates with other district-level stakeholders, conducts supervision and monitoring activities, and collects, reviews, and reports health management data. A FP supervisor or public health nurse at each DHO is responsible for the implementation of the FCHV program in his or her district.

- The **community level** is organized geographically into village development committees (VDCs), which are further divided into nine wards. At both the VDC and ward levels, health facility operations and management committees (HFOMCs) oversee operations and activities at primary health care centers (PHCCs) and health posts,[1] collectively known as health facilities. HFOMCs are responsible for supervision, data collection, and monitoring activities. ANMs and AHWs are based in VDC-level health facilities and conduct monthly primary health care outreach clinics (PHC/ORCs)[2] at the ward level in collaboration with FCHVs. HMGs support FCHVs in their catchment area at the ward level through selection, monitoring, supervision, and community mobilization activities.

In some cases, international and local NGOs support specific health programs by planning and implementing programs at the central, regional and district levels.

Figure 1 summarizes Nepal's health structure, including service delivery points, key actors, and managing bodies at each level.

1 Until recently a third category of health facility existed – sub-health posts. In 2015 all sub-health posts were re-categorized as health posts.
2 PHC/ORCs are monthly immunization and PHC outreach events intended to extend health services to the wards, specifically to clients that live far from health facilities. 'Clinics' in this context refer to events, rather than physical locations.

Figure 1. Health System Structure

Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships*
Central	MOH DOHS (FHD; CHD; etc.)*	Central Hospital	MOH DOHS
Regional	RHD*	Regional Hospital	RHD
District	DHO*	District Hospital	DHO FP Supervisor Public Health Nurse
Community – VDC	HFOMC	PHCC Health Post	AHW ANW HFOMC PHCC/Health Post In-charge
Community – Ward	HMG	PHC/ORC FCHV Residence Client Homes	FCHV HMG Community Members

* NGOs are involved in program planning and implementation at the central, regional and district levels for the specific programs that they support.

Supervision
Flow of community-level data

HUMAN RESOURCES FOR HEALTH

Three cadres of community health providers work in Nepal: AHWs, ANMs, and FCHVs. FCHVs are the lowest-level health workers and were established in1988 to provide MNCH services. Over the years, the MOH expanded the FCHV's scope of work to include a broader range of health services. In addition to MNCH and other services, they now facilitate the implementation of Nepal's national health area-specific programs, such as CB-IMNCI, at the ward level. FCHVs operate nationwide in both urban and rural areas and are the main source of basic health services and information for communities. FCHVs provide services from their own homes, at community members' homes, and support special campaigns such as expanded program of immunization (EPI) events.

AHWs and ANMs are formally trained health workers, employed by and based at health facilities. They provide services primarily from the health facility, but also conduct regular PHC/ORCs, and monthly immunization and PHC outreach events to extend health services to the wards and reach clients who live long distances from health facilities. AHWs provide a range of PHC services, including first aid, FP, MNCH, nutrition, and general health education. ANMs are trained to provide basic PHC services, but focus on a range of RMNCH services including ante- and postnatal care, safe delivery, and immunizations.

AHWs and ANMs receive a monthly salary of 22,500 Nepalese rupees (approximately $212 US). FCHVs are volunteers and do not receive salaries. They do, however, receive a combination of financial and non-financial incentives including reimbursement of travel costs for formal trainings and review meetings, social recognition through celebrating national FCHV Day, FCHV saris, and free health care up to the district level. FCHVs may also borrow from a national fund to initiate income-generating activities. These incentives, combined with the support and recognition they receive from their communities, are thought to be at least partially responsible for the impressively low attrition rate of FCHVs in Nepal, which has remained at 4 percent for the past ten years (Female Community Health Volunteer National Survey, 2014).

FCHVs receive a variety of financial and non-financial incentives, including a national FCHV fund from which they may borrow for initiating income-generating activities.

ANMs and AHWs supervise FCHVs from health facilities and conduct monthly supervision meetings to coordinate activities and facilitate communication. FCHVs routinely refer clients to ANMs and AHWs.

Table 3 provides an overview of FCHVs, AHWs, and ANMs.

Table 3. Community Health Provider Overview

	AHW	ANM	FCHV
Number in country	3,600	3,600	47,000
Target number	4,012	4,012	48,946
Coverage ratios and areas	1 AHW : 1 health facility[1] Operate in urban, rural, and peri-urban areas	1 ANM : 1 health facility[1] Operate in urban, rural, and peri-urban areas	*Ward-based:* 1 FCHV : 100–500 people; *Population-based:* 1 FCHV : 150 people (Mountain District); 1 FCHV : 250 people (Hill District); 1 FCHV : 500 people (Terai/Plain District)[2] Operate in urban, rural, and peri-urban areas
Health system linkage	Employed by the government	Employed by the government	Trained and equipped by the MOH, and report to AHWs and ANMs
Supervision	Supervised by the health facility manager known as the in-charge	Supervised by the health facility manager known as the in-charge	Supervised by AHWs and ANMs, or by the health facility manager - known as the in-charge - if there are no AHWs or ANMs. HMGs also evaluate FCHV performance.
Accessing clients	Provide services at health facilities, during PHC/ORCs, and other fixed health campaign sites	Provide services at health facilities, during PHC/ORCs, and other fixed health campaign sites	On foot Bicycle Public transport Provide services from their homes Clients travel to them

Table 3. Community Health Provider Overview

	AHW	ANM	FCHV
Selection criteria	18–45 years old Technical School Leaving Certificate for Community Medicine Assistant (CMA)[3] course Pass a written exam	18–45 years old Technical School Leaving Certificate for Auxiliary Nursing Midwifery course Pass a written exam	Female Submits an application Permanent ward resident Willing to serve for minimum 10 years 25–45 years old Women with 3 or fewer children preferred Committed to serving the community Priority given to those who can read and write Priority given to women from Dalit, Janajati, and marginalized groups Must not be involved in any political party Must not hold a current paid or government job
Selection process	The Public Service Commission[4] recruits the highest scorers on a written exam and conducts interviews. The candidate with the best performance is chosen.	The Public Service Commission[4] recruits the highest scorers on a written exam and conducts interviews. The candidate with the best performance is chosen.	Women interested in becoming FCHVs submit an application to their ward's HMG. The HMG reviews applications and selects each FCHV by general consensus of HMG members.
Training	AHWs receive all initial training during the CMA course. Program-specific and refresher trainings are provided as needed.	ANMs receive all initial training during the Auxiliary Nursing Midwifery course. Program-specific and refresher trainings are provided as needed.	An 18-day basic training covers FP, MNCH, and services for all health programs implemented nationwide. FCHVs attend two 2-day refresher trainings a year; other service-specific training is provided as needed. Trainings for new programs are added as needed.

Table 3. Community Health Provider Overview

	AHW	ANM	FCHV
Curriculum	*Community Medicine Assistant Pre-School Leaving Certificate Program* (2014). Includes anatomy and physiology; health education and culture; epidemiology and communicable diseases; basic medicine; pharmacy/ pharmacology; health management; environmental sanitation; MCH, FP, and nutrition; basic laboratory; basic medical procedure; and basic surgery and first aid.	*Auxiliary Nursing Midwifery Post-School Leaving Certificate Program* (2014). Includes anatomy and physiology; fundamentals of nursing; reproductive health; community health nursing; epidemiology and communicable disease; treatment of simple disorders; health management; community health nursing; and midwifery.	The *National Female Community Health Volunteer Program Strategy* (2010) indicates that training should include FP; safe motherhood; newborn care; immunization; nutrition; communicable and epidemic diseases; acute respiratory diseases; diarrheal diseases; environmental sanitation; health education; and other national programs.[5]
Incentives and remuneration	AHWs receive salaries from the MOH. They do not receive non-financial incentives.	ANMs receive salaries from the MOH. They do not receive non-financial incentives.	FCHVs do not receive a salary. They receive a combination of financial and non-financial incentives, funded by the MOH, NGOs, local governments, and communities. They receive per diem and may borrow from a national FCHV fund for income-generating activities. District and community governments may choose to provide additional financial incentives. FCHVs receive a number of non-financial incentives, including free health care; formal social recognition for their service in the form of a letter of appreciation and an official holiday (FCHV Day); an identity card; a FCHV board placed outside their home; FCHV bag; and an official FCHV sari.

[1] The recommended ratio of AHWs and ANMs is based not on the number of beneficiaries but on the number of health facilities (PHCCs or health posts).
[2] Districts either use the number of wards or the population to determine the FCHV to beneficiary ratio. FCHVs are therefore considered to be either ward-based or population-based. In population-based districts, the ratio depends on the geographic designation: Mountain, Hill or Terai/Plain Districts.
[3] Once AHWs complete the Community Medicine Assistant course they are considered both certified CMAs and AHWs.
[4] The Public Service Commission is the government body responsible for selecting candidates for civil service positions.
[5] The FCHV training manual was updated in 2014, but is unavailable in English.

HEALTH INFORMATION SYSTEMS

Nepal's national HMIS aggregates data from all levels of its health system, from the community to the DOHS. While this includes a multitude of indicators from the higher levels of the system, community health providers collect data only on a specific set of indicators, limiting the burden that data collection puts on their time.

FCHVs record their service data on the Ward Register Form. Each month, they compile the ward register data into an FCHV reporting form and submit it to their supervisor (either an AHW or ANM).

AHWs and ANMs collect data from their service delivery activities using EPI and outreach clinic registers. Each month, they compile the data from both registers into one health worker reporting form and submit it to their respective health facility along with the FCHV reporting forms.

The health facility compiles the data from the monthly reports into a summary form and submits it to the DHO. The DHO is responsible for compiling all data from the health facilities in its district, as well as government and private hospitals, and submitting it online to the DOHS' national HMIS. A copy is sent to the RHD as well. The DOHS—and in the case of the FCHV program, the FHD—use the aggregated data to monitor the FCHV and health area-specific programs and measure progress toward program goals and targets.

Health facilities are required to hold monthly meetings to review the data submitted to the national HMIS, discuss progress, identify reasons for not meeting targets, develop action plans to overcome those barriers, and develop recommendations to be sent to the district level. ANMs and AHWs provide feedback to the FCHVs. No available policies describe a mechanism to provide feedback from the central, regional, and district levels to the VDC and ward levels.

Figure 1 illustrates the flow of community-level data.

HEALTH SUPPLY MANAGEMENT

FCHVs receive a start-up box with the required drugs, equipment, and materials. They resupply at the health facility as needed, and during monthly health facility meetings or semiannual refresher trainings. AHWs and ANMs may also deliver supplies to FCHVs during monitoring visits. When AHWs and ANMs conduct PHC/ORCs or other outreach programs, they take the medicines, materials, and other supplies with them.

FCHVs are required to maintain a stock of medicines and drugs sufficient for 45 days of services. No available policy describes a system for FCHVs to obtain emergency backup supplies.

Policy does not indicate how FCHVs should dispose of medical waste. In practice, when AHWs and ANMs are at PHC/ORCs, they use safety boxes to dispose of medical waste, including used needles, and return the safety boxes to the health facility for disposal.

The full list of commodities that FCHVs, AHWs, and ANMs provide is not available, but information about selected medicines and products included in Nepal's *National List of Essential Medicines* (2011) is provided in Table 4.

Table 4. Selected Medicines and Products Included in Nepal's *National List of Essential Medicines* (2011)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☐	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

SERVICE DELIVERY

Nepal has a service delivery package for each health program. FCHVs, ANMs, and AHWs provide all community-level services required by the programs that operate nationwide. These include FP, nutrition, immunization, MNCH, and CB-IMNCI.

Table 5 summarizes the channels that FCHVs, ANMs, and AHWs use to deliver clinical and health education services and support community mobilization efforts.

Training, job aids, and experience guide FCHVs, ANMs, and AHWs on when and where to refer clients for the next tier of service. Often, FCHVs will refer clients to ANMs and AHWs at the health facility, but they may refer to district hospitals as needed, as can ANMs and AHWs. Policy does not require ANMs and AHWs to counter-refer clients to FCHVs.

Using FP as an example, FCHVs may provide condoms, information on the lactational amenorrhea method, and refills for oral contraceptive pills. They may refer clients to:

- **ANMs** and **AHWs** at PHCCs and health posts—collectively known as health facilities—for the same FP services and products FCHVs can provide, as well as oral contraceptive pills for first-time users, and injectable contraceptives.
- **PHCC** and **health post medical personnel** for the same FP services and products administered by FCHVs, ANMs and AHWs, as well as implants, and intrauterine devices (IUDs).
- **District hospitals** for the same FP services and products available at health facilities, as well as permanent methods.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Periodic outreach at fixed points
	Provider's home
	Health posts or other facilities
	Special campaigns
Health education	Provider's home
	Health posts or other facilities
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Health posts or other facilities
	Community meetings
	Mothers' or other ongoing groups

Table 6 details selected interventions delivered by FCHVs, AHWs, and ANMs according to policy in the following health areas: FP, maternal health, newborn care, child health and nutrition, TB, HIV, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified
	CycleBeads®	Unspecified	Unspecified	Unspecified	Unspecified
	Emergency contraceptive pills	Unspecified	Unspecified	Unspecified	Unspecified
	Implants	FCHV, AHW, ANM	No	FCHV, AHW, ANM	ANM
	Injectable contraceptives	FCHV, AHW, ANM	AHW, ANM	FCHV, AHW, ANM	AHW, ANM
	IUDs	FCHV, AHW, ANM	No	FCHV, AHW, ANM	Unspecified
	Lactational amenorrhea method	FCHV, AHW, ANM		FCHV, AHW, ANM	FCHV, AHW, ANM
	Oral contraceptive pills	FCHV, AHW, ANM	FCHV,[1] AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
	Other fertility awareness methods	AHW, ANM		FCHV	Unspecified
	Permanent methods	FCHV, AHW, ANM	No	FCHV, AHW, ANM	Unspecified
	Standard Days Method	Unspecified		Unspecified	Unspecified
Maternal health	Birth preparedness plan	FCHV, ANM	ANM	FCHV, ANM	FCHV, ANM
	Iron/folate for pregnant women[2]	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
	Nutrition/dietary practices during pregnancy[3]	FCHV, AHW		Unspecified	FCHV, AHW
	Oxytocin or misoprostol for postpartum hemorrhage	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified	FCHV, AHW, ANM
	Recognition of danger signs during pregnancy	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
	Recognition of danger signs in mothers during postnatal period	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
Newborn care	Care seeking based on signs of illness	FCHV, AHW, ANM			FCHV, AHW, ANM
	Chlorhexidine use	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	FCHV, AHW, ANM		Unspecified	FCHV, AHW, ANM
	Nutrition/dietary practices during lactation	FCHV, AHW, ANM		Unspecified	FCHV, AHW, ANM
	Postnatal care	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified	FCHV, AHW, ANM
	Recognition of danger signs in newborns	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM	FCHV, AHW, ANM
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years	FCHV, AHW, ANM	FCHV, AHW, ANM	No	FCHV, AHW, ANM
	Exclusive breastfeeding for first 6 months	FCHV, ANM		Unspecified	FCHV, ANM
	Immunization of children[4,5]	FCHV, AHW, ANM	AHW, ANM	FCHV	FCHV, AHW, ANM
	Vitamin A supplementation for children 6–59 months	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified	FCHV, AHW, ANM
HIV and TB	Community treatment adherence support, including directly observed therapy	AHW	AHW	Unspecified	AHW
	Contact tracing of people suspected of being exposed to TB	No	No	Unspecified	No
	HIV testing[6]	FCHV, AHW, ANM	No	Unspecified	No
	HIV treatment support	No	No	Unspecified	No
Malaria	Artemisinin combination therapy	FCHV, AHW, ANM	AHW, ANM	FCHV	AHW, ANM
	Long-lasting insecticide-treated nets	FCHV, AHW, ANM	No	Unspecified	Unspecified
	Rapid diagnostic testing for malaria	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified	Unspecified
WASH	Community-led total sanitation	FCHV, AHW, ANM	FCHV, AHW, ANM		
	Hand washing with soap	FCHV, AHW, ANM			
	Household point-of-use water treatment	FCHV, AHW, ANM			
	Oral rehydration salts[7]	FCHV, AHW, ANM	FCHV, AHW, ANM	Unspecified	FCHV, AHW, ANM

[1] FCHVs can only provide refills for oral contraceptive pills. They must refer first time users to AHWs, ANMs or other health facility medical staff.
[2] FCHVs, AHWs, and ANMs provide iron/folate to pregnant women but cannot administer to non-pregnant women or adolescent girls.
[3] The ANM training manual teaches ANMs to provide information on nutrition post-delivery but does not specify information to be provided during pregnancy.
[4] Immunizations include BCG, DPT-Hep B, Polio, MMR, Japanese Encephalitis, PCV13, IPV.
[5] ANMs and AHWs can also provide immunizations for newborns and children under five years.
[6] FCHVs, ANMs, and AHWs provide information on HIV prevention and testing to pregnant women and the general population.
[7] Policy does not specify if oral rehydration salts can be provided to all beneficiaries or only to children under five years.

KEY POLICIES AND STRATEGIES

Council for Technical Education and Vocational Training, Curriculum Development Division. 2014a. *Curriculum Technical School Leaving Certificate Auxiliary Nursing Midwifery (Post-SLC Program)*. Sanothimi, Bhaktapur: Council for Technical Education and Vocational Training, Curriculum Development Division. Available at: http://ctevt.org.np/files/curriculum/TSLC/ANM%20Post%20SLC%20curriculum%20Final%203.24-2014.pdf (accessed August 2016).

———. 2014b. *Curriculum Technical School Leaving Certificate Community Medicine Assistant (Pre-SLC Program)*. Sanothimi, Bhaktapur: Council for Technical Education and Vocational Training, Curriculum Development Division. Available at: http://ctevt.org.np/files/curriculum/TSLC/CMA%20revised%20Pre%20SLC%20in%202071.pdf (accessed August 2016).

Ministry of Health and Population. 2011. *National List of Essential Medicines, 2011*. Available at: http://apps.who.int/medicinedocs/documents/s18826en/s18826en.pdf (accessed August 2016).

Ministry of Health and Population, Department of Health Services, Family Health Division, Government of Nepal. 2010a. *National Female Community Health Volunteer Program Strategy 2067 (2010)*. Available at: http://nfhp.jsi.com/Res/Docs/FCHVStrategy2010.pdf (accessed August 2016).

———. 2010b. *National Female Community Health Volunteer Program Strategy 2067 (2010) Unofficial Translation*. Available at: https://www.advancingpartners.org/sites/default/files/nepal_national_female_chv_program_strategy.pdf (accessed January 2016).

———. 2011. *Family Planning Services-National Work Policy 2011/12*.

———. 2014. *Female Community Health Volunteer Basic Training Manual*.

Ministry of Health and Population, Government of Nepal. 2014a. *National Health Policy 2071(2014)*. Available at: http://nfhp.jsi.com/Res/Docs/FCHVStrategy2010.pdf (accessed August 2016).

———. 2014b. *National Health Policy 2071(2014), Unofficial translation*. Available at: http://nhsp.org.np/wp-content/uploads/2016/08/New-health-policy-2014-Unofficial-translation.pdf (accessed August 2016).

REFERENCES

Hannah Foehringer Merchant, Kristen Devlin and Kimberly Farnham Egan. 2016. *Nepal's Community-based Health System Model: Structure, Strategies, and Learning.* Arlington, VA: Advancing Partners & Communities. Available at: https://www.advancingpartners.org/sites/default/files/technical-briefs/apc_nepal_brief_final_web_9.16.16.pdf (accessed August 2016).

Ministry of Health and Population, Department of Health Services, Family Health Division. 2014. *Female Community Health Volunteer National Survey.* Teku, Kathmandu: Ministry of Health and Population, Department of Health Services, Family Health Division. Available at: https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/fchv_2014_national_survey_report_a4_final_508_0.pdf (accessed August 2016).

Ministry of Health and Population [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland. Available at: http://dhsprogram.com/pubs/pdf/FR257/FR257%5B13April2012%5D.pdf (accessed July 2016).

PRB. 2016. *2016 World Population Data Sheet.* Washington, DC: PRB. Available at: http://www.prb.org/pdf16/prb-wpds2016-web-2016.pdf (accessed August 2016).

"Salary of Government officials of Nepal." Available at: http://edusanjal.com/blog/salary-of-government-officials-of-nepal (accessed August 2016).

UNAIDS. 2015. "Aids Info." Available at: http://aidsinfo.unaids.org/ (accessed June 2016).

World Bank. "The World Bank DataBank: Health expenditure per capita (current US$)." Available at http://beta.data.worldbank.org/indicator/SH.XPD.PCAP?view=chart (accessed June 2016).

World Health Organization. 2015. *Trends in Maternal Mortality 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization.

ADVANCING PARTNERS & COMMUNITIES
JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Web: advancingpartners.org