



Female Community Health Volunteer (FCHV) National Survey 2014 Nepal

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Nepal Public Health System

National	Ministry of Health Department of Health Services
Regional/ Zonal	Regional health Directorates Regional/zonal hospitals Training centers Medical stores
District	District (public) Health Office District Hospitals
Electoral Constituency	Primary Health Care Centers
Village Development Committee	Health Posts
Community	Female Community Health Volunteers Immunization Clinics Primary Health Care Outreach Clinics

Background of FCHV Program

- ◎ Initiated in 1988/89
- ◎ The goal is to support the national goal on health through community involvement in public health activities, including:
 - imparting knowledge and skills for empowerment of women
 - increasing awareness on health related issues
 - involvement of local institutions in promoting health care
- ◎ Currently about 52,000 FCHVs
- ◎ Work as volunteers from the local community, selected by Health Mother's Group (HMG)
- ◎ Receive basic training, identity card, dress allowance, FCHV board

Selection of FCHV

- ① Permanent resident of the related ward of village development committee (VDC)
- ① Interest in working as FCHV for at least 10 years
- ① Women of reproductive age, married with at least one child
- ① Priority given to women from disadvantaged or marginalized group

FCHV Roles and Responsibilities



Objectives of FCHV Survey

- ① Conduct comprehensive national survey across 13 domains with a focus on:
 - FCHV socio-demographic and work profile
 - FCHV services
 - Support received by FCHVs
- ② Understand how FCHVs perceive their work and motivation for continuing to serve as FCHVs
- ③ Understand how stakeholders and communities perceive role of FCHVs and identify strategies to ensure program sustainability

Methodology

- ◎ Cross-sectional assessment.
- ◎ Build on the 2006 national and 2008 sub-national FCHV surveys
- ◎ Used mixed methods strategy
 - Quantitative
 - Qualitative
- ◎ Focus on 13 domains representing entire (260 urban and 4053 rural wards, 11 drop-outs)

Limitations

- ③ Urban estimates representative nationally but not by domain
- ③ Timing of survey might have affected responses on child health services (seasonality)
- ③ Limited comparability between 2006 national FCHV survey and 2014 survey due to sampling methodology and difference in how questions were worded
- ③ Triangulation of quantitative and qualitative data not possible for all topics because of differences in focus of data collection tools



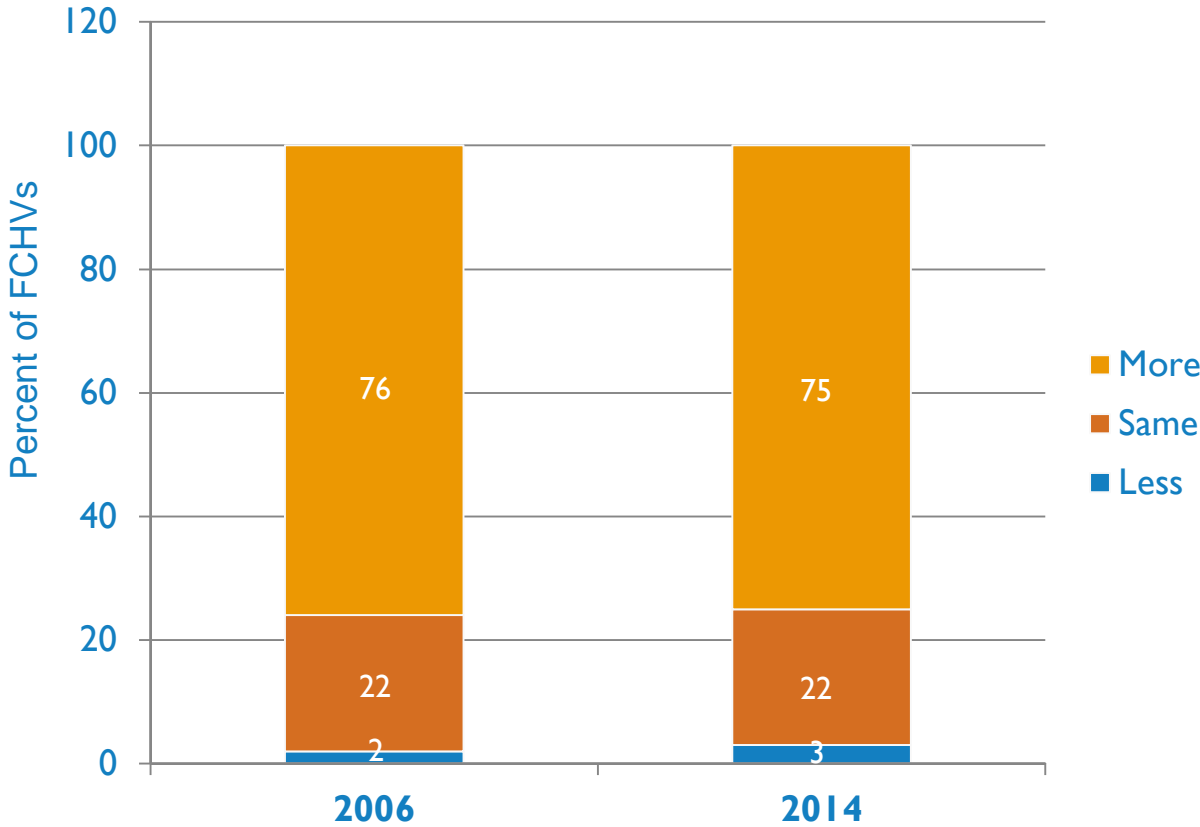
Findings



Age and Literacy Status of FCHVs

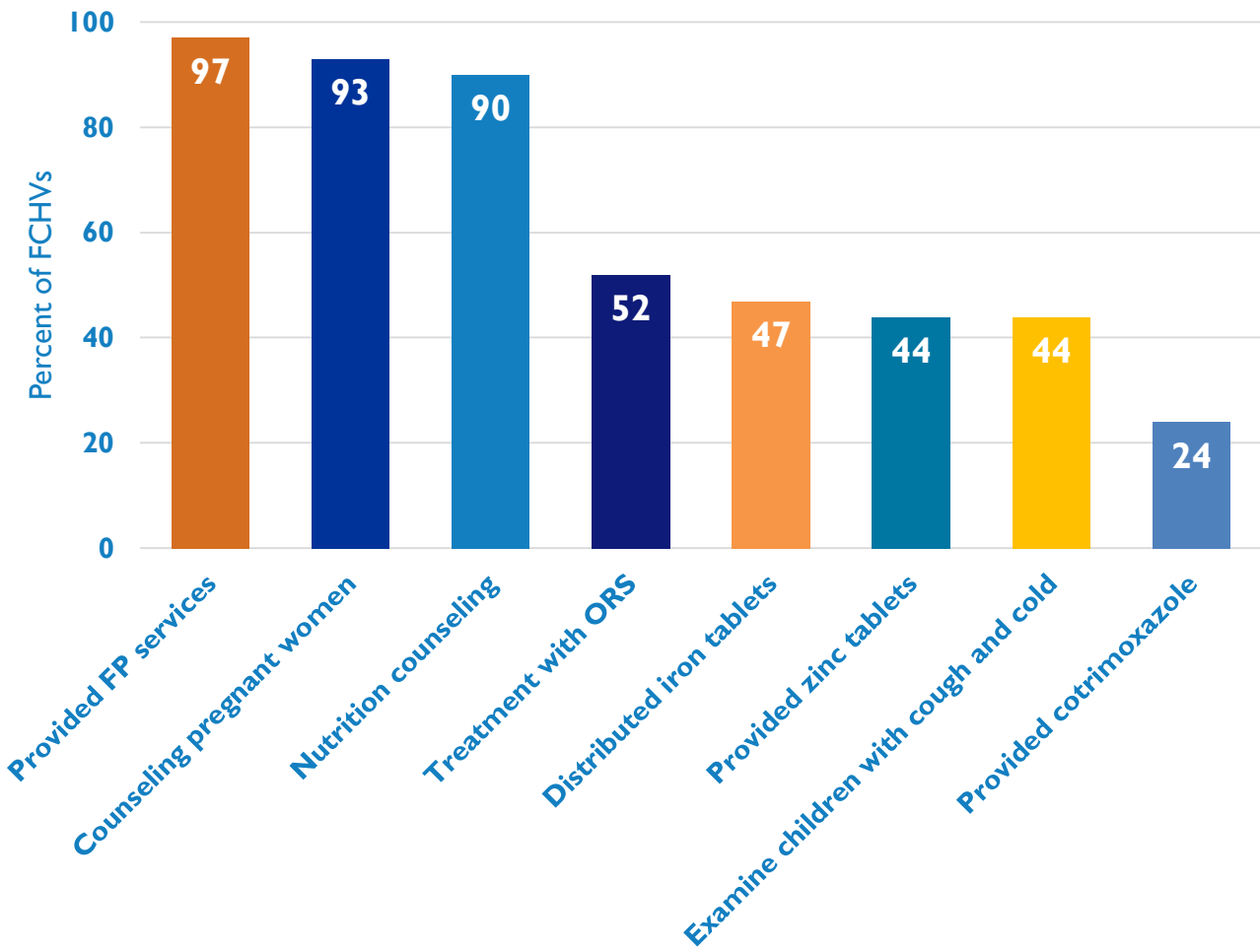
- ⊙ Average age: 41.3 years in 2014 survey and 40 years in 2006 survey; >60 years =2% in 2014.
- ⊙ Literacy status: 83% FCHVs are literate (67% attend school in 2014) and 62% in 2006.

Willingness to Devote Time in the Future



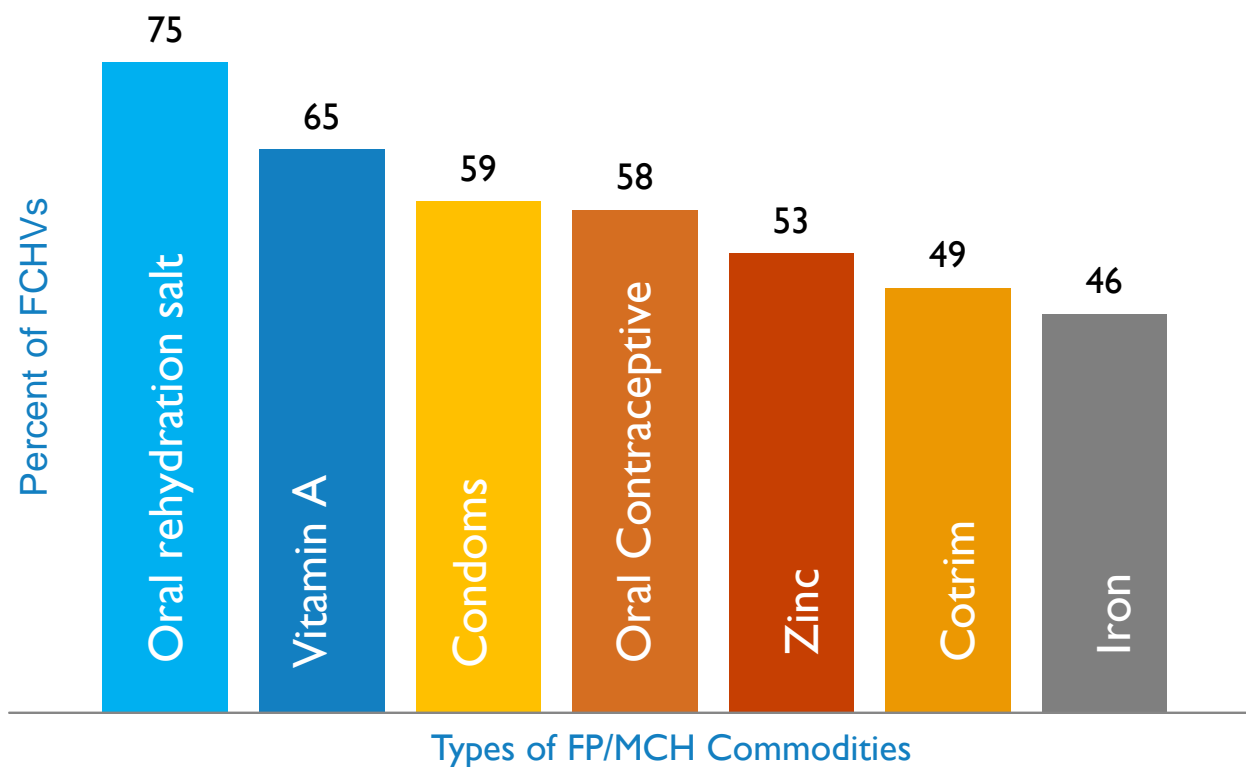
Total working hours per week: 6.82 per week in 2014 and 5.27 in 2006

FP/MNCH Services Provided by FCHVs





Availability of Family Planning /MCH Commodities in the Last 3 Months



Capacity Building and Incentives

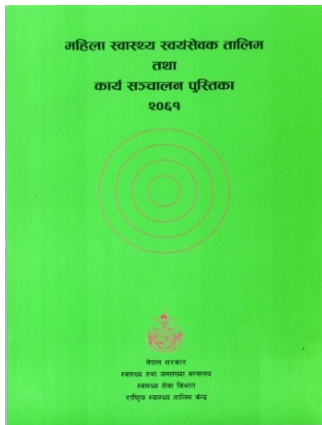
- ◎ 96% FCHVs have received basic training.
- ◎ 78% participated in an FCHV meeting at their local HF within the last month.
- ◎ 65% participated in a two-day review/refresher meeting within the past six months.
- ◎ 96% received any form of incentives(cash or in-kind).



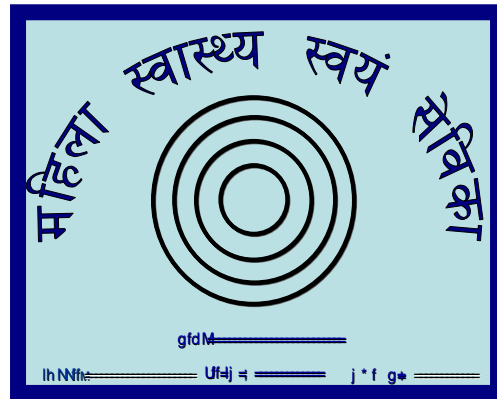
Benefits Provided by Government of Nepal

- ◎ FCHV VDC level fund
- ◎ Dress allowance
- ◎ Celebrate FCHV Day on the same day as international volunteer's day (5th December)
- ◎ Free health care services
- ◎ Observation visit (national / international)
- ◎ Prize distribution on FCHV Day
- ◎ Other facilities from local level (VDC)

Materials Provided for FCHVs



Manual



Signboard



Bag



Identity card



Flip chart



Medicine kit box

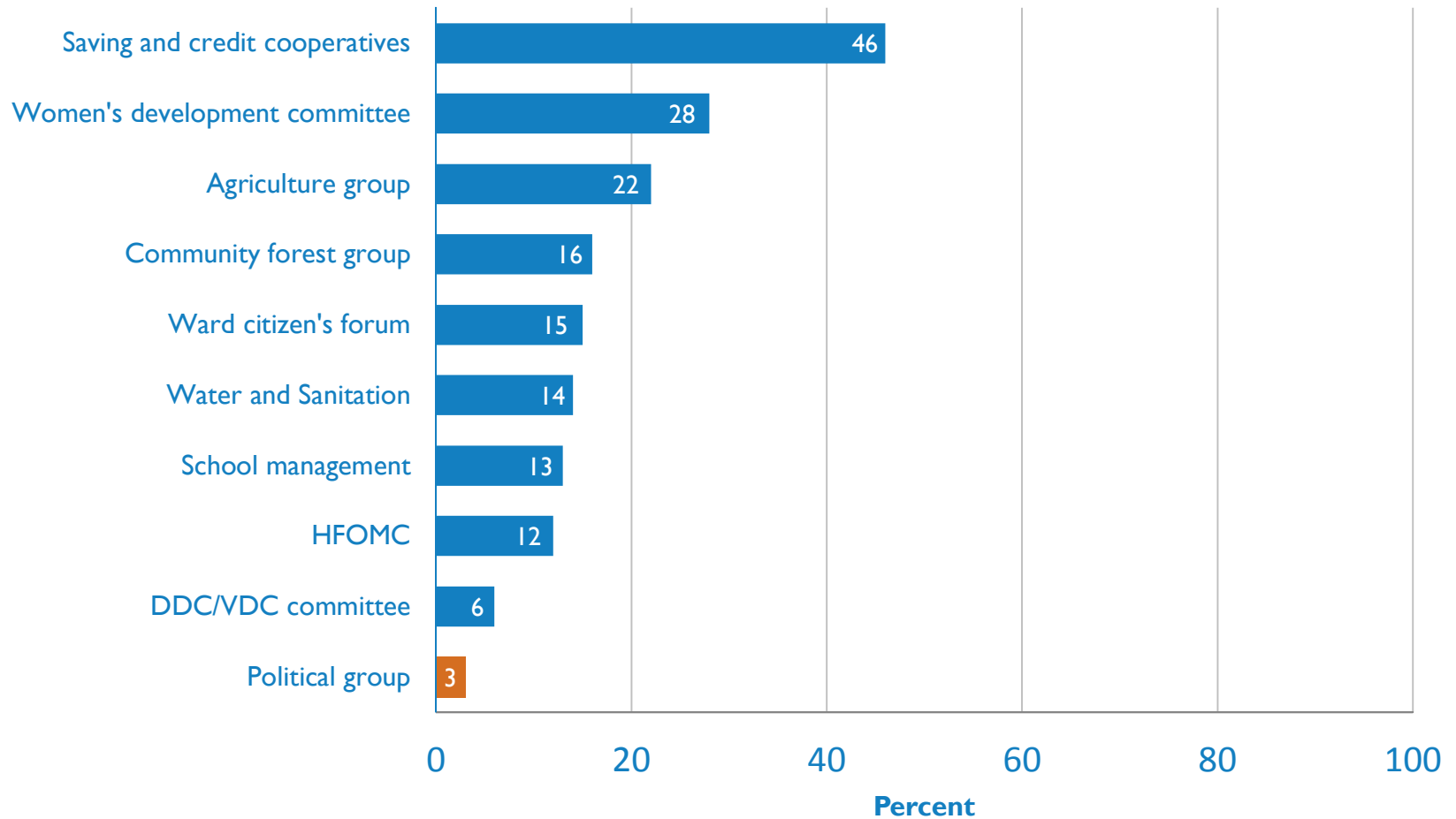


Certificate

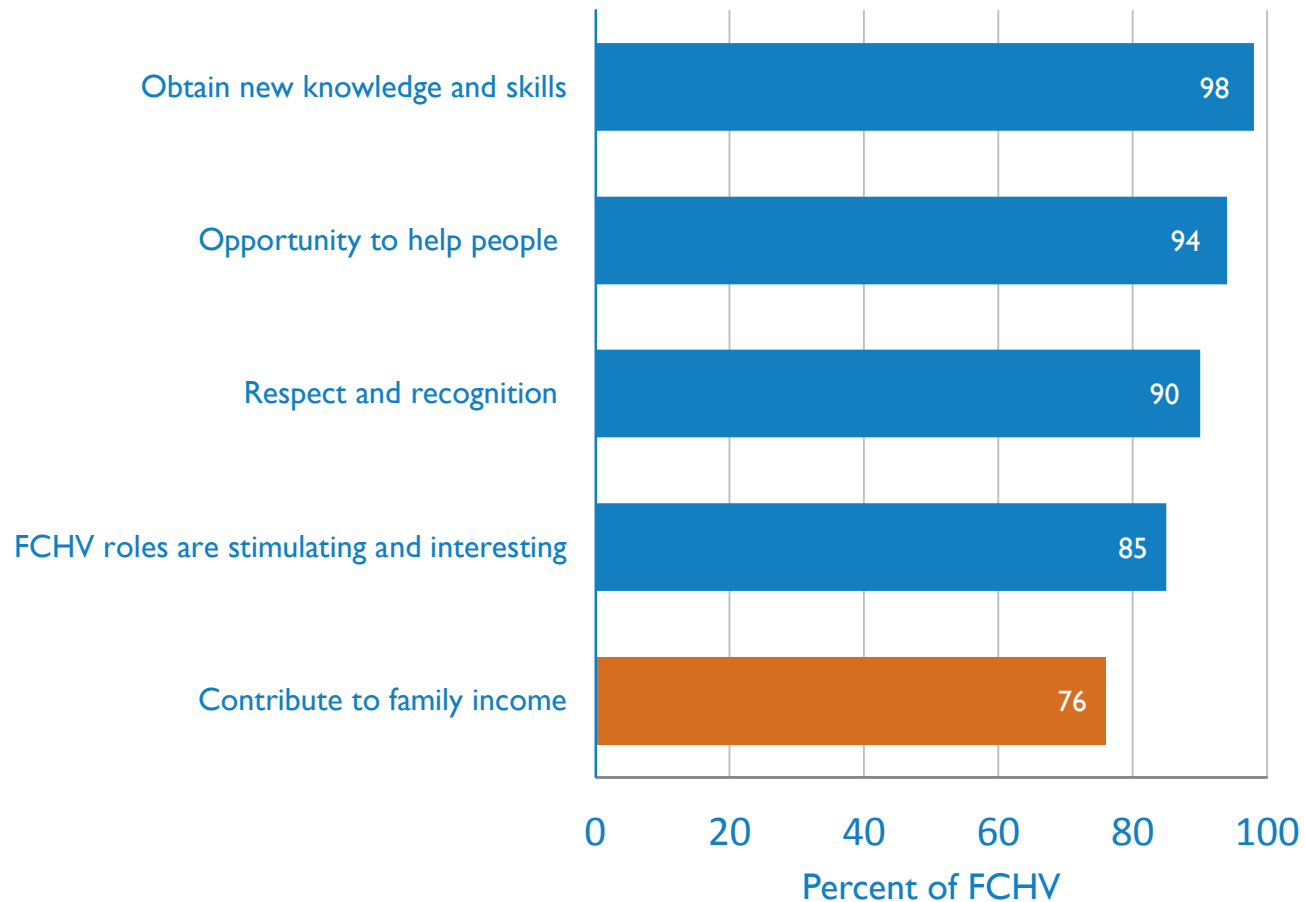
Suggestions for Incentives (from qualitative survey)

- ◎ Respondents at all levels mentioned that “current incentive arrangements for FCHVs are inadequate”
- ◎ Possible additional incentives proposed;
 - Increase travel allowance
 - Provide snacks during meeting
 - Phone recharging
 - Festivals allowance
 - Bicycles

FCHVs Involvement in Different Committees/Groups



Factors Affecting FCHVs Motivation to Work as Volunteers



Perceptions of Health Workers Towards FCHVs

“FCHVs are the eyes and ears of the health programs, because they are working as the main media of the community problem. They bring all the health problems to health facility. With her information we are organizing the community health program.”

“We visit community for supervision during vaccination program and PHC/ORC. We have observed that FCHV are working actively to promote vaccination program and PHC/ORC despite of busy schedule of household work as volunteer. We have to admire their contribution.”

Community Perception About FCHV Services

“We can discuss with FCHVs openly, we don’t feel shame to discuss family planning, pregnancy. We don’t feel easy with outsider in this matter. We are satisfied with FCHV’s service.” – FGD, community beneficiary

“FCHVs are not technical persons and they can manage minor illness .They might not be a suitable person to provide care for a complicated health problem; there could be adverse effects if not managed appropriately.”

“FCHVs should be trained to provide specific curative services.” – Communities from remote VDC

Challenges to FCHV Program

- ⊙ Retirement of FCHVs
- ⊙ Shortage of materials supplied to FCHVs
- ⊙ Limited community based supervision
- ⊙ Low number of Health Mother's Group Meetings
- ⊙ People's expectation for curative services, mainly in mountains
- ⊙ Expanded role of FCHVs beyond health

Next Steps

- ③ Maintain the FCHV program but adapt to meet changing needs
- ③ Review of existing FCHV strategy to develop tailor-based approach from universal approach
- ③ Service should be targeted to the underserved communities and growing need to address non-communicable diseases
- ③ Ensure uninterrupted availability of essential commodities and supplies

Next Steps (Continued)

- ③ Explore use of mobile technology, radio and television for distance education.
- ③ Provide refresher training on maternal and newborn danger signs, and HMIS recording and reporting.
- ③ Strengthen on-site coaching and supervision.
- ③ Further analysis of available data.
- ③ Technical briefs for advocacy (prepared by Save the Children)
 - Are FCHV overloaded?
 - How do FCHV report spending their time?
 - Is the FCHV contribution declining?

Take Home Messages

- ◎ FCHVs are still motivated and willing to devote more time.
- ◎ Health workers and community members from remote areas believe that FCHVs still have a vital role.
- ◎ Need to tailor the role of FCHVs by geographical setting.
- ◎ FCHVs have limited availability of supplies for specific services.
- ◎ FCHVs are not active in party politics.

Thank You!

