The Nepal Family Health Program II (NFHP) provides technical assistance to the national FCHV program and supports various FCHV trainings at community and central levels and assists government counterparts with strategic planning, strategy revision, guidelines, and development of training materials such as: revision of the FCHV program strategy; FCHV fund guidelines and training package; Mothers Group for Health (MG-H) guidelines and register and FCHV program guidelines.

**ACTIVITIES**

Some FCHV program activities are standardized and carried out nationwide by the 52,000 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, distribution of chlorhexidine (Kawach) to mothers for improved neonatal cord stump care; distribution of misoprostrol to pregnant women to prevent PPH 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/AHW or the MCHW/ANM. 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 (I/NGOS). Examples of such activities include:

- Community-based neonatal care package program. FCHVs are the key players in this program, which is a package of seven interventions that vary from behavior change and communication to management and/or care of low birth weight newborns, hypothermia, and asphyxia, among others. As an added motivation, FCHVs receive performance-based incentives upon completion of the set of identified activities.

- 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 strengthen their ties to the community, and increase representation of disadvantaged and ethnic groups.

SUPPORT FOR FCHV PROGRAM

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 48 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 2012, the MOHP had increased the Fund amount to a total of NRs 80,000 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. In 2007, the government issued a postcard on the 4th National FCHV Day, recognizing their valuable contribution. Since 2010 – based on recommendations in the revised FCHV Strategy calling for FCHV Day to be celebrated on International Volunteer Day - FCHV Day has been celebrated on December 5 annually at the national, district, and VDC levels through different programs and awards given to FCHVs.
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.

FCHV Database: An electronic database has been developed with technical support from NFHP to include a profile of every FCHV. In 2012, the database was revised and used at the central as well as district levels for strategic planning and implementation purposes.

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 empowered and are able to play a vital role in improving the health status of members of their communities.
- The 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 2008/09, 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 more 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.
- Conducting annual or regular FCHV program surveys or studies would help give direction and inform policy decisions and revisions vis-a-vis the program.

CHALLENGES

- Threats to volunteerism. As more programs wish to implement their interventions through FCHVs, the voluntary nature of their service may be threatened. 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.
- Coordination. FCHVs are mobilized by various divisions, centers and partners involved in community-based interventions. However, besides program-related trainings and orientations, very little thought have been given to support and strengthen the program. Thus, good coordination is essential at all levels.
- Effective Utilization of FCHV fund: Effective utilization of the FCHV fund and proper book-keeping by FCHVs is a challenge for two mains reasons: 1) although money for the FCHV fund has already been allocated to all 75 districts, it has been found that FCHVs are still unclear about its proper utilization - to carry out orientation workshops about its effective use in all 75 districts will require ample time and resources; and 2) the need for periodic support and supervision on effective book-keeping, is, again, resource and time-intensive.
- Over-complication of FCHV ward registers. Over
time, the 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.** Although they have begun increasingly to take ownership of the FCHV program, it is essential that DDCs and VDCs are further sensitized about FCHVs' contribution and roles and not remain under the impression that, because it is primarily a program that falls within the health sector, it is not of their concern. Their involvement is necessary for long-term sustainability of the program. FCHVs require strong support from all levels (local, district, and central) and divisions and can and should play an increased role in strengthening the program. Opportunities for awareness-raising exist during the National FCHV Day, village-level orientation meetings associated with various programs, and through the visible commitment of local leaders and other influential stakeholders.

- **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 unable 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 unfit FCHVs to retire.

**REFERENCES**


The program/research described in this article was supported under the NFHP-II program which is made possible by the generous support of the American people through the United States Agency for International Development (USAID), and implemented by JSI Research and Training Institute, Inc., 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 World Service Trust, Digital Broadcast Initiative Equal Access Nepal, Family Planning Association of Nepal and Center for Development and Population Activities.