Are Female Community Health Volunteers Dissatisfied?

Save the Children

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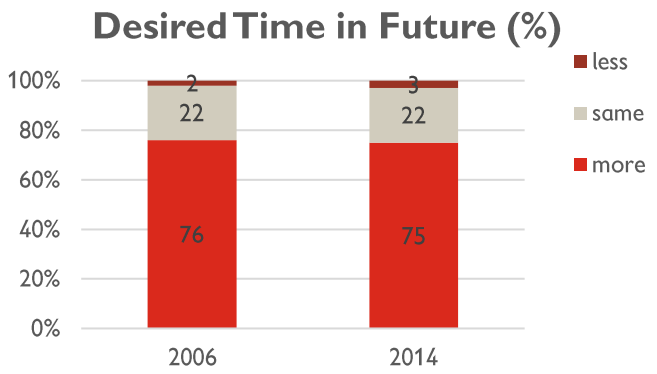
A prominent concern heard from policymakers in recent years is that Nepal's Female Community Health Volunteers (FCHVs) are discontented, increasingly politicized, and potentially unwilling to provide service unless they receive more generous financial incentives. But is this really true? In this note we investigate this question, drawing on relevant findings from two large nationally representative national FCHV surveys.

In a 2006 survey, FCHV motivation was addressed using a question about whether in future they would like to be putting in more time than they were, about the same, or less. In that survey, 76% responded that in future they would like to be putting in more time, 22% about the same amount of time, and only 2% less time. In 2014, the findings were essentially identical (75%, 22%, and 3%, respectively). The responses did not differ between rural and urban FCHVs.



The dropout rate has not changed: in both the 2006 and 2014 surveys, only 20% of FCHVs said they had served in this role for less than five years, corresponding to an annual dropout rate of 4%, which is considerably lower than that of paid staff under the Public Service Commission.

In the 2014 survey, FCHV motivation was also assessed using a new set of questions. Essentially all reported they were happy being FCHVs, with 90% strongly agreeing and 8% agreeing somewhat. Similarly, 95% reported expecting to be FCHVs five years from then. And nearly all (97%) agreed that communities appreciated FCHVs and that their families were supportive (99%). On these measures, there was also no difference between rural and urban FCHVs.

Almost all FCHVs agreed that they received adequate support from their supervisor (96%) and that they were treated fairly and respectfully by the health workers at their health facility (96%). A slightly lower proportion reported that they had regular supplies of drugs and other supplies (92%).

FCHV counselling 1000 days mother on nutritious diet
Photo: Suaahara Program/Save the children

However, FCHVs also had concerns. Two-thirds (66%) reported that their FCHV duties sometimes interfered with other important responsibilities, and two in five (39%) found filling in forms and registers burdensome. Although somewhat more than half (54%) felt the government treated them fairly, 39% disagreed. Three out of five FCHVs (60%) felt that the benefits they received for their services were inadequate. Dissatisfaction with benefits was higher in districts where the CB-NCP (Community-Based Newborn Care Program) was rolled out (in these districts certain incentives were offered but then discontinued); nearly two-thirds of FCHVs (64%) in these districts felt that benefits were inadequate, whereas in non–CB-NCP districts, 56% expressed such dissatisfaction.

This survey also posed questions to FCHVs on six factors potentially important to their motivation. The highest ranking was the opportunity their FCHV work provides to obtain new knowledge and skills, with 98% reporting this as very important. All FCHVs surveyed reported that having the opportunity to help people in their community be healthy was important; 94% rated this as very important. Almost all FCHVs reported that the respect and recognition they gained in their communities from serving in this role was important; for 90%, this was rated as very important. Similarly, almost all reported as important that their FCHV duties were stimulating and interesting; 85% reported this as very important. A smaller proportion (76%) reported that

the opportunity this work provides to contribute to family income was important; half reported it as very important (49%).

There has been a perception among policymakers that FCHVs have become increasingly politicized, including by engaging with labor organizations. Among FCHVs sampled in the 2014 survey, one in five (19%) reported knowing of the existence of an FCHV network or association active in their district, and of those just over half (54%) reported being involved in that association. So, overall, about 10% reported being connected with an organization addressing FCHV benefits and working conditions. Of course, that means about 90% did not report involvement with any such organization. The proportion reporting involvement with an FCHV network or association is higher among urban FCHVs in the sample, with 36% reporting knowledge of such an association, and of those about two-thirds (64%) reporting that they were associated with such an organization (or 22% overall). This pattern was variable across geographic and development zone domains, with such organizations reported as more common in Eastern Terai and Hill domains (39% and 32%, respectively).

Conclusions

Overall, the survey results suggest that in general FCHVs are very happy to be playing this role. While the number of motivation-related questions in common across the 2006 and 2014 surveys was limited, no significant change in level of satisfaction over that interval was found based on those questions. FCHVs reported that their most important motivators are:

- opportunities for learning
- opportunities to help others
- respect and recognition earned
- interesting and stimulating work

FCHVs less frequently reported financial considerations to be very important, but this is still an issue: three out of five FCHVs felt that the benefits they received are inadequate. Membership in labor organizations or FCHV associations may be more common than before (although this cannot be confirmed with available data), but still only a small proportion report such involvement, about 1 in 10, overall and 1 in 5 among urban FCHVs. So these data do not suggest that they are becoming heavily politicized.

This document is prepared by Save the Children's Saving Newborn Lives program.

The data source on which this brief is based is from two national-level FCHV surveys conducted in 2006 and 2014. While the primary funding for both surveys was from USAID, the 2014 survey received additional funding from UNICEF and Save the Children. Implementation of the 2006 survey was by MACRO and New ERA, under the direction of the Family Health Division, Department of Health Services (DoHS), Ministry of Health and Population (MoHP). The 2014 survey was implemented by JSI and HERD under the direction of the Family Health Division, DoHS.