

# Are Female Community Health Volunteers (FCHVs) Overloaded?

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With all the new programs that have been added in recent years, and with NGOs frequently making use of FCHVs, many in the health sector are concerned that FCHVs are “overloaded.” What has been the result of these new activities on the total amount of time needed for FCHV-related activities? We looked at this question using data from two national FCHV surveys, conducted in 2006 and 2014.

At the time of the 2006 survey, 6% of FCHVs reported they had not spent any time over the previous week on FCHV-related duties. On average they reported doing FCHV-related work on three days during the previous week, and averaging 1.7 hours on days they were doing such work, for a total of just over five hours a week. This includes time spent providing services as well as time spent making visits to the health facility and participating in training and meetings.

How, if at all, has that changed between 2006 and 2014?

In 2014, 12% of FCHVs reported no FCHV-related work in the previous week, double the proportion in 2006. They reported fewer days per week on average than in 2006 (2.2 days), but more hours per day doing FCHV duties (3.1 hours). Overall, the total number of hours they report for FCHV-related activities was slightly higher than in 2006, with almost half (43%) reporting more than six hours in the previous week.

Note that this is a national average: some FCHVs put in considerably more hours; others, fewer. A gradient is observed by how far away the FCHV lives from the health facility, with 47% of those living more than an hour away reporting more than six hours per week vs. only 40% among those living less than 30 minutes away. This higher time investment by those living in more distant wards represents some combination of more time engaged in providing services and more time spent traveling to and from the health facility (which may be more frequent now than in 2006).

In the Western Terai, 67% of FCHVs report putting in more than six hours per week. By contrast, less than half of that proportion report putting in so many hours in the Eastern Hills (33%) and Central Terai (30%). So, in terms of the typical number of hours engaged in FCHV-related activities, there hasn't been a significant increase, and it is not accurate to describe the average FCHV as being “overburdened” timewise.



Female community health volunteer in Banke, Nepal.  
Photo: Monika Gutestam / Save the Children

It is true, however, that as the number of programs expecting FCHVs to play a role increases, necessarily some activities are given greater priority and some functions we may expect FCHVs to play may be relatively neglected. That may not be important if those services are available from other sources. For example, the proportion of cases of ARI seen by FCHVs dropped from 9% to 2% between the 2006 and 2011 DHS surveys, as these services have been increasingly covered by the private sector. It would be of more concern if the neglected service ends up not provided by anyone else.

The survey also asked FCHVs directly whether they felt their burden has increased. Most (61%) reported that it had not.

So although it is true that new programs expecting involvement from FCHVs have been introduced over the past several years, the evidence from these surveys do not support a claim for significantly increased time burden on FCHVs.

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