

Report Spending Their Time?

April 2016

An increasing number of programs engage with Nepal's Female Community Health Volunteers (FCHVs). On paper, FCHVs are involved in a broad range of duties, but in practice, which activities do they actually spend time on, and which do they prioritize? What contribution are they making to these programs?

The national FCHV survey conducted in 2014 asked detailed questions on FCHV activities. This brief summarizes this information and presents data from other sources as well, notably Department of Health Services (DoHS) annual reports. It is important to note that the survey only asked questions on a limited number of program areas, notably child health and nutrition, family planning, and maternal-newborn health. Therefore it does not give an exhaustive picture of all program areas in which FCHVs may be involved.

Child health and nutrition

Nearly all FCHVs (99%) reported having been involved in distributing vitamin A and deworming tablets at the time of the last round of distribution. Similarly, about nine out of 10 FCHVs reported having provided at least some advice or counseling over the previous three months related to nutrition in pregnancy (91%), breastfeeding (92%), and complementary feeding for infants (89%).

Over the preceding three months, the proportion of FCHVs reporting giving any of the following sick-child care services and, among those who reported such activity, the average number of cases seen over the past three months, was as follows:

- Diarrhea cases given ORS: 52% at least one case, 8.3 cases on average
- Diarrhea cases given zinc: 44% at least one case, 8.9 cases on average
- ARI cases assessed: 44% at least one case, 8.8 cases on average
- ARI cases treated with cotrim: 24% at least one case, 4.9 cases on average

As there are approximately 50,000 FCHVs, these data correspond to:

- 900,000 cases of diarrhea treated/year with ORS
- ~800,000 diarrhea cases treated with zinc
- ~250,000 cases of ARI treated with cotrim

These estimates correspond fairly closely with findings from HMIS data, as documented in the DoHS Annual Report 2069/70 (2012/2013). From those data, just over 1,100,000 cases of diarrhea were reported treated by FCHVs, almost

all of which were reported to have been given ORS and zinc. This represents 62% of all diarrhea cases documented through government peripheral-level health facilities. Similarly, over 330,000 cases of ARI were treated with cotrim by FCHVs; this accounted for 57% of all ARI cases captured at peripheral-level government facilities.



FCHV providing health education session on nutrition
Photo: Suaahara Program/Save the Children

Compared to four years earlier, according to HMIS data, there was little change in the role of FCHVs on management of childhood illness. At that time, FCHVs reported treating 900,000 cases of diarrhea, representing half of all diarrhea cases documented in the government's primary healthcare system. They reported treating 330,000 cases of ARI with cotrim, accounting for half of such cases documented in the government's primary healthcare system.

The 2016 MICS survey gives additional perspective on the roles of various categories of service provider in sick-child care. For cases of diarrhea over the preceding two weeks, two-thirds (68%) received care from some source outside the home. The private sector was the predominant source, accounting for almost two-thirds of those receiving treatment. Of those receiving treatment, 6% were treated by FCHVs. Overall, among all cases, the proportion receiving ORS was 40%, and zinc, 31%.

The picture for ARI was similar, with 78% receiving care outside the home. Again, two-thirds of this care was from the private sector, and 5% was from FCHVs. Of those receiving antibiotics for ARI treatment, 75% received such treatment from the private sector, and 6% from FCHVs. So FCHVs continue to provide services for a certain segment of the population, but this is a small proportion of all cases compared to the private sector.

From the recent FCHV survey, we see considerable variation by geographic domain in the proportion of FCHVs reporting involvement in sick-child care. For example, a large

proportion reported providing ORS and zinc in far-western Terai and far-western Hill domains, and comparatively few reported such activity in western and eastern mountain domains. Slightly higher proportions of literate FCHVs reported involvement in sick-child care, and a slightly higher proportion of older FCHVs reported involvement in sick-child care than younger FCHVs. Similarly, a slightly higher proportion of those in rural areas reported such activity. For most aspects of sick-child care there was relatively little difference by how distant FCHVs lived from the health facility, though the proportion reporting treating cases of ARI with cotrim over the previous three months was slightly higher among those resident at more than 30 minutes from the health facility (27% vs. 20% for those living closer by).

Among FCHVs who reported that there were immunization clinics conducted in their wards (64% of FCHVs), almost all (91%) reported providing some kind of support. Three-quarters reported referring clients to immunization clinics.

Family planning

Almost all FCHVs (97%) reported having provided at least some family planning advice or counseling over the previous three months. A total of 83% reported providing such counseling to pregnant women; similarly 79% reported doing at least some family planning counseling with post-partum women. There was relatively little variation in these proportions across geographic domains. Similarly, there was very little difference in reported activity by age, urban/ rural, distance to health facility, or FCHV literacy status.

Involvement in provision of family planning commodities was less widespread than counseling, with about two-thirds reporting having offered such service over the past three months (68% providing condoms, 67% pills). This varied considerably by geographic domain, with higher proportions distributing family planning commodities, in general, in terai districts. Among those reporting any involvement in such commodity provision, just over half (53%) reported having distributed more than 50 condoms over the previous three months; similarly, over half (56%) reported having distributed more than five cycles of oral contraceptive pills over that period. Reported involvement in family planning commodity distribution was slightly more common among literate FCHVs, among those living in rural areas, and among those living more than 30 minutes from their health facility; there was no significant difference by age.

According to DoHS Annual Report 2069/70 (2012/2013), FCHVs distributed 900,000 cycles of oral contraceptive pills, accounting for just over half of all OCPs distributed, captured under HMIS. This is an increase over four years earlier (DoHS Annual Report 2065/66 [2008/2009]), with the current number of cycles of OCP distributed approximately

50% higher than in 2065-66 (when they accounted for 46% of cycles distributed). In the more recent annual report, FCHVs were reported to have distributed just under 10,000,000 condoms.

About one-third of FCHVs surveyed (35%) reported having referred at least one couple for family planning services over the past three months. A similar proportion (31%) report having referred at least one woman for sterilization services; of those reporting making such referrals, 41% made four or more over the past three months. The proportion reporting having referred men for sterilization was somewhat higher (45%); of those reporting making referrals, 50% made four or more over the past three months. Reported involvement in such referrals varied by geographic domain. In general, as for commodity distribution, this was more commonly reported in terai districts. Referral of men for sterilization was more commonly reported by older and illiterate FCHVs and those living closer to their health facility. Referral of women was somewhat more commonly reported by literate FCHVs and by those living more than one hour away from their health facility, compared to those living nearer. There was little difference by urban/rural residence.

Maternal-newborn health

Almost all FCHVs (93%) in the sample reported providing at least some advice or counseling to pregnant women over the preceding three months. Of those, on average they reported having provided such counseling to 4.6 pregnant women. The topics they most commonly report discussing (unprompted) include:

- using antenatal care services (95%)
- ensuring a nutritious diet (89%)
- taking iron folate supplements (87%)
- getting a tetanus shot (74%)

About half (46%) mentioned institutional delivery as one of the topics they discuss. Very few spontaneously mentioned discussing making arrangements for emergency transport or saving money (9%) or family planning (10%). However, as mentioned above, in another part of the survey where questions were asked about giving family planning advice, most (83%) reported that they do provide such counseling to pregnant women. The proportions who reported providing advice to pregnant women did not vary across geographic domains, by FCHV age or literacy, by urban/ rural, by how close they live to their health facility, or by whether CB-NCP (Community-Based Newborn Care Program) had been implemented in their district. Similarly, in general, there was little variation in reported content of the counseling provided by FCHV characteristic.

About half of FCHVs (47%) reported having distributed at least some iron-folate to pregnant women over the previous three months. Proportions varied considerably across geographic domains. Involvement in such activity was very uncommonly reported in eastern, central, and western mountain districts. It was more commonly reported by literate FCHVs, by those living in rural areas and by those resident more than 30 minutes away from the closest health facility. Of those reporting distributing iron-folate, on average they reported having given the supplements to 5.7 pregnant women over the previous 3 months. According to the DoHS Annual Report 2069/70 (2012/2013), FCHVs were responsible for distributing just under 25,000,000 tablets of iron-folate to pregnant women.

In districts where the chlorhexidine program has been implemented, a little under one-third of FCHVs (29%) reported having done any chlorhexidine distribution, at the time of the survey. Of those, on average they reported having given the product to 2.9 pregnant women and having applied it to 2.3 newborns over the past three months.

Mothers Group Meetings



FCHV conducting mothers group meeting
Photo: Suaahara Program/Save the Children

Just under half of FCHVs (46%) report having conducted a mother's group meeting at least once over the previous three months. In Suaahara districts 53% FCHVs reported they conduct health mothers' group meetings, but in non-Suaahara districts only 39% reported such activity. From the questions asked on the survey, it cannot be determined how often health education actually takes place in these meetings (there are instances of meetings held for the purpose of credit and savings activities that are referred to as mothers' group meetings).

Conclusions

Some FCHV services are virtually universal, that is, almost all FCHVs report active involvement. This includes:

- Participation in twice annual distribution of vitamin A and deworming tablets. For this program FCHVs provide almost all of the service.
- Support for immunization clinics (in wards where this service is offered).
- Counseling or giving advice:
 - on nutrition (during pregnancy, on breastfeeding, and complementary feeding of infants),
 - on family planning, and
 - to pregnant women.

There are other functions which, although not universal, are performed by many FCHVs.

- Most FCHVs reported at least some distribution of condoms and pills. FCHVs are responsible for distributing approximately half of oral contraceptive pills and condoms in the public sector (Annual Report DoHS (2070/71) 2013/2014).
- About half of FCHVs reported distributing iron-folate to pregnant women. According to the most recent DoHS annual report, FCHVs distributed approximately 25,000,000 iron-folate tablets to pregnant women.
- About half of FCHVs reported treating child diarrhea cases, and they account for about half of all cases that are treated in the public sector (the private sector is the predominant source of such care).
- About half of FCHVs reported conducting mothers' group meetings. At the time of the survey, the proportion was somewhat lower in non-Suaahara districts—39%.
- Almost half of FCHVs reported involvement in referral for sterilization services.

Smaller proportions report involvement in certain other services:

- In districts where chlorhexidine has been rolled out, a little less than a third of FCHVs reported distributing to pregnant women.
- A quarter of FCHVs reported treating ARI cases with cotrim. According to recent HMIS data, FCHVs accounted for just over 300,000 cases of ARI treated with cotrim. This represents 5% of all cases of possible pneumonia treated with antibiotics among children under 5 in Nepal. Two-thirds of such treated cases were treated in the private sector.