

# Role of the Female Community Health Volunteers (FCHVs) for Continued Improvement in Primary Healthcare in Nepal

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## INTRODUCTION

Community Health Workers (CHWs) are culturally skilled members of comprehensive and people-centered primary health care that enable universal health care.<sup>1</sup> From the "feldshers" of 17<sup>th</sup> century Russia to the "barefoot Doctor" of Early 20<sup>th</sup> century in China, lay people with minimal medical training have demonstrated their capacity to bring basic care to underserved regions.<sup>2</sup> In the 1960s in India's Lay workers, 1970s in Latin America's CHWs and 1980s in Nepal's female community health volunteers (FCHVs) began producing positive health outcomes and has been an effective approach to improving health of people in developing countries.<sup>2,3</sup>

Many low and middle-income countries (LMICs) and high-income countries (HICs) have seen both the introduction and re-invigoration of CHWs programs in last decades.<sup>1,2</sup> Today, CHWs programs have become important in many primary health care programs in LMICs and use of them in health care provision is increasing worldwide (See Figure 1) in order to meet population health needs, improve access to services, address health inequities and improve health system performance.<sup>1,2,4</sup> As the burden of Non-communicable disease (NCDs) is increasing globally, there has been a need for

engaging CHWs to prevent and control NCDs, in particularly LMICs where the resources are scarce.<sup>5</sup> Further, during the ongoing COVID-19 pandemic, the role of CHWs has been critically important and they have been engaged in providing physical as well as psychological support to those people with COVID-19 infection and those affected due to the disease.<sup>6</sup>

Findings from a randomized controlled trial (RCT) by Perry et al., (2014) reported that CHWs have helped low-resourced countries in Africa, South America and Asia to achieve significant progress in the areas of maternal and child health, family planning, control of HIV and childhood undernutrition.<sup>7</sup> Other studies in HICs have also reported that the CHWs have potentials to reducing disparities in health outcomes that persist between subpopulation and the population at large.<sup>8,9</sup>

A systematic review of 122 studies around the world conducted by Scott et al., (2018) recommend, CHWs can play a key role in strengthening health systems to provide universal, comprehensive and people-centered care that is equitable, culturally appropriate and economically feasible.<sup>1</sup>

Among the many evidence-based worldwide and from Nepal, in this paper, we describe FCHV




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Fig 1: Number of CHWs Around the World<sup>7</sup>

SN	Country	Number of CHWs
1	USA	170,000
2	Haiti	2,400
3	Nicaragua	30,000
4	Brazil	240,000
5	Ghana	17,000
6	Nigeria	87,000
7	Mali	2,000
8	South Africa	63,000
9	Zambia	24,00
10	Ethiopia	128,000
11	Uganda	83,000
12	Iran	31,000
13	Afghanistan	22,000
14	Pakistan	93,000
15	Nepal	55,000
16	Bangladesh	138,000
17	Thailand	80,000
18	India	22,75,000
19	Sri Lanka	15,000
20	Papua New Guinea	5,000
21	Indonesia	15,00,000

program in the case of Nepal in order to draw the information about the effect of CHW program in utilization of public health services in the country, which are essential to improving primary health care service delivery and achieving Sustainable Development Goals (SDGs) by 2030.

### Female Community Health Volunteers Program in Nepal

The Government of Nepal introduced FCHV program in 1988 – initially in 27 districts and subsequently expanded it to 77 districts thereafter.<sup>10</sup> The main focus of the FCHV program has remained improving the health of local communities by promoting public health that includes imparting knowledge and skills for empowering women, increasing awareness on health-related issues and involving local institutions in promoting health outcomes. As of 2020, the number of FCHVs have reached to 51,423 of which 49,481 FCHVs are actively serving in the community as a source of information with government health services and a source of direct services in number of important areas of primary healthcare services.<sup>10</sup> FCHVs are the local women above 25 years of age who receive a basic 18 days training in various primary health care topics and play important contribution to public health services delivery such as; family planning, HIV

prevention and control, immunization program, maternal and child health, health education and promotion.<sup>3,10</sup>

The major role of FCHVs is to advocate improving healthy behavior to promote safe motherhood, child health and family planning and other community-based health issues and services delivery.

**Major Achievement:** Department of Health and Services (DoHS), 2019/20 Report.<sup>10</sup>

- FCHVs distributed hundreds of thousands of pills, condoms and iron tablets. Additionally, FCHVs have made significant contributions to women's leadership and empowerment at the village level.
- FCHVs supported in home deliveries: skin-to-skin contact after delivery in 64,835 cases, applied chlorhexidine to umbilicus after delivery for 55,552 cases and ensured the taking of misoprostol for preventing PPH in 10,869 cases.
- FCHVs Provided the screening services of acute malnutrition for 27,43,870 children and other public health activities.

In addition to the achievements in 2019/20, the evidence from various studies suggest that FCHVs have played important roles in delivering and improving community-based primary health care services delivery, facilitating referrals of patients when needed, and linkages between the community people and local health centres.<sup>4,11</sup> FCHVs are recognized and praised for having played a major role in achieving Millennium Development Goals, in particularly MDGs 4 and 5a, reducing maternal and child mortalities and improving overall health of women, children and neonates.<sup>3,10,12</sup> FCHVs have played a vital role in reaching communities with limited access to services to improve health of women, children and neonates by making door-to-door visits and provide promotive and preventive services.<sup>12,13</sup>

The FCHV National Survey 2014, showed the significant role of FCHVs in providing public health services such as: around 90% reported providing counseling on nutrition, breastfeeding and complementary feeding for infants and young children; 93% provided at least some counseling to pregnant women; 97% provided family planning services.<sup>14</sup> Further, a study in 2018 reported that 67% of all the diarrhea cases in the country were reported by FCHVs.<sup>11</sup> The FCHV program has also contributed significantly to achieving other key

health outcomes including reduction of maternal mortality rate (MMR).<sup>15-17</sup> According to Nepal Demographic and Health survey (NDHS-2016), the MMR in Nepal reduced from 543 to 259 per 100,000 live births between 1993 to 2013.<sup>15</sup> Further, the Global Burden of Disease (GBD) analysis showed that the MMR reduced from 529 in 1990 to 346 in 2000 and 322 in 2015 per 100,000 live births.<sup>16</sup> FCHVs have been a primary source of information and expansion of the national flagship health programs such as Immunization and Vitamin A distribution.<sup>10,18</sup> They have also played important roles to reducing inequities across population sub-groups.<sup>18</sup> In 2019/20 the overall national coverage of Vitamin A supplementation was around 85% among the children aged 6-59 months.<sup>10</sup>

The greatest aspects of the FCHV program in Nepal have been the FCHVs having high level of perceived self-empowerment, sense of social support, opportunity for serving their own community, and respect and honor they receive from the community people and these have kept them motivating to provide dedicated volunteer services to their community.<sup>18,19</sup>

Despite these achievements, various studies have highlighted some key points that need serious attention and further improvement to this program such as: FCHVs need reimbursement to their time and services they provide; regular training and capacity building; effective support, supervision and monitoring; follow respective guidelines to deliver a range of health programs and improve quality of services; design a respectful farewell/retirement package for those who won't be able to offer volunteer services anymore.<sup>3,4,10,20</sup>

Given the importance of providing community health services at the doorstep of the community people, the FCHV programs in Nepal has played significant roles to meeting the public health needs, thereby achieving a range of health-related outcomes. While the country is witnessing the increasing problem of NCDs and re-emerging health problems such as COVID-19 pandemic, there is also a need for exploring potentials for engaging FCHVs to NCDs prevention and control. Further, the FCHVs need trainings and capacity building to meet the needs and expectation for fighting against re-emerging health problems. With these, the FCHV program in Nepal is critically important and needful more than ever. The effective FCHV program in Nepal would add value to achieving SDGs agenda, in particularly "SDG-3 Health and Wellbeing" by 2030.

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