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Female Community Health Volunteers (FCHVs) in Nepal: Current Challenges and Opportunities in their role in Non-Communicable Diseases (NCDs) Screening and Diagnosis

Pragya Sharma[1]

[1]Department of Community Programs, Dhulikhel Hospital, Kavre, Nepal

ABSTRACT

Established in 1988, Nepal's Female Community Health Volunteers have been on the front lines of promoting family planning and maternal health through community engagement. From an initial role in distributing birth spacing products, FCHVs have evolved in their responsibilities over the past three decades to take on leading Health Mothers' Groups and addressing a wide array of public health issues. There has been reasonable progress in the reduction of maternal and child mortality. This article will be focused on the increasing burden of NCDs, particularly CVD, in Nepal, where limited resources exist for its management. FCHVs reflect a promising, underutilized resource for community-level NCD care. Using available evidence and targeted training in the prevention of NCDs and CVD risk screening would help reduce the burden of NCDs through the preventive services delivered by FCHVs. This viewpoint aims to explore the potential of integrating FCHVs for strategies for prevention of NCDs and the need for adapting training programs.

Keywords: *Female Community Health Volunteers, Non-communicable Diseases, Cardiovascular Disease, Community-Level Screening, Nepal*

INTRODUCTION

Nepal's Female Community Health Volunteers (FCHVs) program showed significant improvement in maternal and child health through community-based activities.[1] The role of the FCHVs has evolved over the past three decades, thereby being able to lead more Health Mother Groups (HMGs) that deal with a wide range of health issues.[3,10] The role of FCHVs in the control of an increasing burden of non-communicable diseases, including cardiovascular diseases, is yet to be suitably utilized.[2] According to projections, NCDs will account for a considerable percentage of deaths in Nepal by 2040.[4] With a health system endowed with limited resources and trained personnel, this viewpoint elaborates on ways in which FCHVs could contribute towards the prevention and management of NCDs in Nepal. The well-recognized presence of FCHVs at the community level, if coupled with specialized training, FCHVs could play a very significant role in mitigating the impact of NCDs and improving health outcomes within Nepal.[6]

Background and Evolution of the Female Community Health Volunteer (FCHV) Program in Nepal

The Female Community Health Volunteers (FCHV) program was established in 1988 in Nepal. In early stages of the program's development, married women of childbearing age were chosen as FCHVs and given the sole responsibility of promoting and dispersing birth-spacing products like condoms and tablets in order to help the family planning program in Nepal. These health volunteers have been a crucial component of Nepal's community-based health programs for more than three decades. [1]

According to a national FCHV survey, the median age of FCHVs is 37 years and 42% have completed primary school or have a higher educational level. [2] FCHVs

***Correspondence:** psharmaa973@gmail.com
Department of Community Programs, Dhulikhel Hospital, Kavre

oversee health mothers' groups (HMGs), which are community groups that meet once a month to discuss and advance family planning, safe childbirth, maternal and infant health, nutrition among other common public health issues.[10] Over 52,000 FCHVs lead an HMG at the community level. The local health facility forms the HMGs in collaboration with the local government. The majority of HMGs also contain a savings component where members can obtain loans with low or no interest by contributing a set amount each month (which amount is selected by the HMG members themselves). [3]

Burden of Non-communicable Diseases (NCDs):

Non-communicable Diseases (NCDs) have risen to the top of the list of global public health issues. According to data from the Global Burden of Diseases (GBD) study, Cardiovascular Diseases (CVDs) contributed to more than 17.6 million global deaths in 2016 and more than 18.6 million in 2019. Between 1990 and 2019, the number of cases of all CVD approximately doubled, from 271 million to 523 million. In 2040, NCDs is projected to attribute 78.64% of total deaths in Nepal.[4]

Like other Low and Middle Income Countries (LMICs), Nepal has shown an increase in the prevalence of CVDs in recent years. NCDs are given disproportionately less attention and funding in the Nepalese health system compared to the rise in disease burden. The Government of Nepal has implemented a number of policy and program initiatives in recent years due to the significance of NCD prevention and control, including the development of National Health Policy 2016/17, the Multi-sectoral Action Plan for the Prevention and Control of NCDs (2014-2020), the control of alcohol and tobacco products, and the scaling up of the Package for Essential Non-communicable Disease Prevention and Control (PEN). Primary prevention of NCDs at the population level has recently received significant attention, but there are still a number of obstacles, including a lack of trained human resources, a lack of adequate primary care services, a lack of adequate supplies and logistics, and a lack of adequate recording and reporting of health services, among others.[1]

FCHVs to the rescue:

Maternal mortality in Nepal has decreased by 52% over the past two decades, and under-5 mortality has decreased by 67%. [1] Despite success in working with the government's healthcare system, FCHVs have not yet been utilized in the prevention, management, and treatment of NCDs. Based on the experience of other comparable low- and middle-income nations, it is reasonable to assume that these health cadres will be able to contribute to the solution of health issues outside of their traditional remit.

In Nepal, FCHVs have proven they are capable of using an ARI timer to diagnose issues like Acute Respiratory Infection (ARI) in children, and they were also given the authority to administer antibiotic treatment. Since the majority of FCHVs were illiterate at the time, using them for this duty was debatable. Later on, however, they were given responsibility for a program dealing with the community-based management of pediatric illnesses, where they proved their capability despite the illiteracy. [2]

FCHVs would need extra training focused on NCDs prevention and control in general and specifically focused on CVD risk screening at the community level. Given that FCHVs' literacy and educational levels vary across Nepal, the training curricula could be altered to match their needs and environment. Their participation in such initiatives would aid in lowering the community-level CVD risk and, in the long run, lessen the burden of NCDs.[6]

The low retention of Community Health Workers (CHWs) has frequently been attributed to a lack of compensation. According to a study conducted in Uganda, while CHWs desired compensation, they believed that benefits like community recognition and the acquisition of new skills and knowledge exceeded the disadvantage of a lack of financing. [5]

Although maternity and child health interventions have traditionally been the main focus of female community health volunteers in Nepal, a study revealed that these volunteers can be educated to support other significant health projects. [8] The female community health volunteers were eager to teach their neighbors about hypertension in addition to learning how to use electronic blood pressure cuffs and record and interpret blood pressure readings fast. Community health workers (CHWs) now help address community health issues that are most urgent or require the most resources rather than focusing on a single disease or demographic, such as mother and child health.[8]

Another study revealed that FCHVs are keen to learn new information and skills, eager to help others in their communities, better their health and are satisfied with the respect they have earned in their communities, and driven to spend more time working as FCHVs. [9]

Studies show that because FCHVs share attitudes and general health-seeking behaviors with their patients and peers, they have a special capacity to deliver effective healthcare to the residents of their communities.[2]

A study found that the majority (90%) of FCHVs reported facilitating HMG meetings, for which they spent an average of 3 hours per month planning and leading sessions. The average HMG reported by FCHVs had 30 members and had held 2.8 meetings over the previous three months. In contrast, just 64% of moms said there was an HMG in their neighborhood. Only 1 in 4 mothers

who said they were available for HMG said they were active members. [3]

Factors affecting HMG participation:

- Lack of community awareness regarding HMG meetings, FCHV motivation, and access, including transportation costs and seasonal challenges
- A major facilitator to HMG participation was the savings component
- One of the strongest and most frequently reported facilitators for mothers was support and encouragement from the family, particularly from husbands and mothers-in-law [3]

Barriers to FCHVs delivered NCD Services and their potential solutions:

Training: According to a study, FCHVs identified access to medicine and treatment after the identification of High Blood Pressure (HBP) as one of the difficulties in NCD screening. Others were worried about the harm they would do by insinuating that someone has HBP and is therefore at risk of having a stroke. Some people thought spreading bad news may damage their reputation as FCHVs. Despite these obstacles, FCHVs concurred that if they were given the right training to measure blood pressure, community awareness of the issue would increase and they would be able to provide individuals advice on how to prevent and help manage hypertension. Even if some people cannot afford the medication, the FCHVs can still advise patients on how to lower their blood pressure by making dietary and exercise changes. [2]

Motivation: The FCHVs in Nepal are unpaid community health workers who are employed by the government of Nepal's Ministry of Health and Population. Internal motivation is a key factor for FCHVs in Nepal when compared to full-time CHWs in other nations. The majority of FCHVs believed that the appreciation and respect from the locals kept them inspired to continue serving their communities. However, they believed that receiving financial assistance would undoubtedly increase motivation and guarantee sustained commitment. Some FCHVs stated that incentives other than money, such as uniforms, lunches and snacks, the provision of medical care would encourage them to volunteer in their community. When questioned about their opinions about community-based cardiovascular risk screening, FCHVs expressed enthusiasm. [4]

Burden of Work: Due to their involvement in numerous areas of the health sector, FCHVs are also overworked. When health workers are absent at the health facilities, referred cases must be returned without services, discouraging FCHVs.[8]

HMG Meetings: Even though the HMGs in Nepal are the closest forum for communities to acquire health information, HMG meetings are sporadic and attendance is poor. Studies already conducted in Nepal give some background information on HMG participation and awareness. Despite the fact that each FCHV in Nepal was required under the national FCHV policy to lead an HMG, less than half of FCHVs reported regularly holding HMG meetings in 2014, and only half of women of reproductive age expressed knowledge of the HMGs in nationally representative surveys conducted in 2009. Only 18% of child caregivers in a 2012 study of parents of children under 5 years old reported having ever attended an HMG meeting. FCHVs also work a lot despite being volunteers, and they don't get enough support or rewards for leading HMG meetings, which might make it difficult for them to be motivated to lead meetings well and frequently. On the other hand, Nepali women, especially young women, frequently experience movement constraints and are expected to adhere to their husbands' and the family's elders' decisions.[3]

The HMGs are the closest venue in Nepal for communities to acquire health information, particularly women of reproductive age. Although it is well established that the functionality, participation, and quality of HMG meetings varies, the underlying factors are not well supported by data.[3]

WAY FORWARD

FCHVs have played a significant role in betterment of overall health status of the people at community level in Nepal. The program was started more than three decades ago, studies on changing situations and needs as well as providing the necessary interventions are required to be conducted. The active participation in HMGs need to ensure the efficiency and effectiveness of FCHVs program. Also, capacity enhancement of FCHVs for NCDs screening and diagnosis should be done so that the rising burden of NCDs can be addressed at community level. Also, facilitators and barriers to FCHVs effectiveness and motivation should be studied and addressed.

Conflict of Interest: None

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