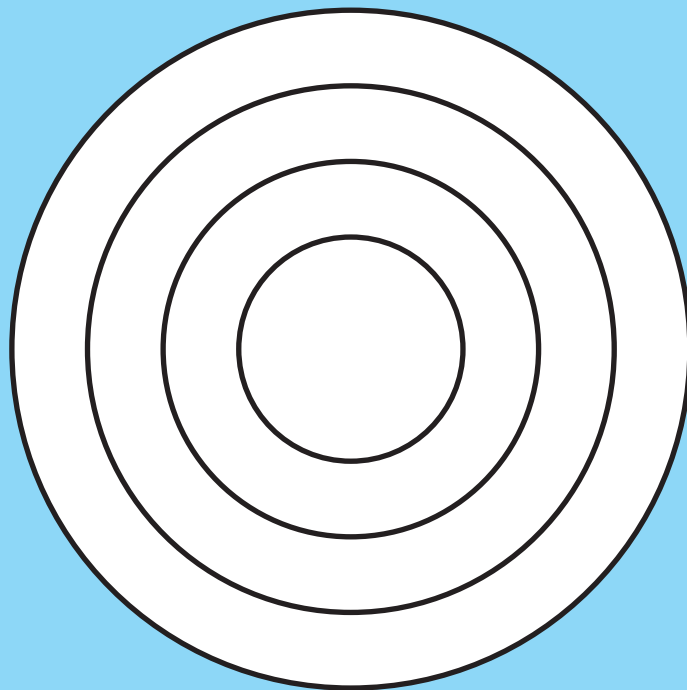


National Female Community Health Volunteer Program Strategy

Unofficial Translation



Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Health Division

2067

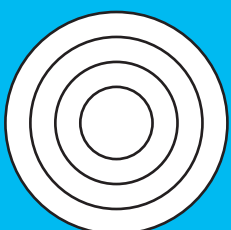
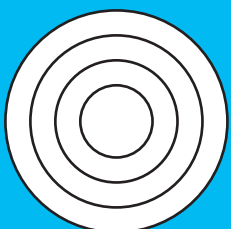
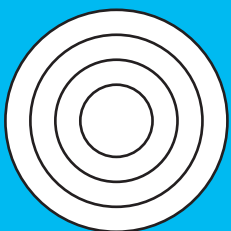
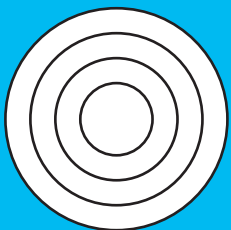
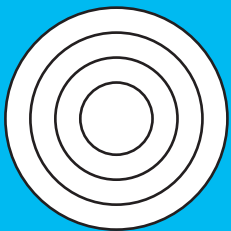
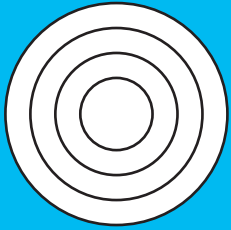
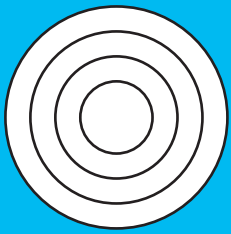


Table of Contents

Foreword

Felicitation

Felicitation

Abbreviations

1. Background	1
2. Goals and objectives	2
3. Implementation	2
4. Structure	5
6. Motivation	6
7. Facilities	6
8. Miscellaneous	7

Appendixes

1 Identification of FCHV Program (Logo)	8
2 Sample of a board of FCHV	9
3 Composition of the central level FCHV sub committee	10
4 Sample of Identity card of FCHV	11
5 The border of FCHV's saree	12
6 Code of ethics for FCHV	13
7 Sample of an application to become FCHV	14



Government of Nepal
Ministry of Health & Population

Phone: 4.

262987
262590
262802
262706
262935
262662

Ramshahpath, Kathmandu
Nepal

Ref:

Date:

Foreword



Public health has been a priority in the development effort of Nepal government. The interim constitution of Nepal 2063 has established health as basic right and has directed to ensure there rights in policy, plan, program. The policy and activities are directed towards fulfilling the constitutional commitment.

There are expected results regarding achieving the MDG for reducing maternal and child mortality through the efforts of Government and supporting organizations.

However, only the effort of government of Nepal is not sufficient because of geographical difficulties, illiteracy, poor awareness and unhealthy behaviors.

As majority of the health problems in the community are related with women and children, the preventive promotive actions taken by FCHV has been effective as they come from the local community and through basic training they can be influential.

Present strategy incorporates all the learning from implementation recent policy directives & as per demand of various programs.

I hope that this revised strategy will help in keeping up the volunteer works with more active & responsive actions.

Thanks

Signed

Dr. Sudha Sharma
Secretary



Government of Nepal
Ministry of Health & Population
DEPARTMENT OF HEALTH SERVICES

Tel. : 4261438
: 4261712
Fax: 4262238

Pachali, Teku
Kathmandu, Nepal

Ref. No.

Date :

Felicitaton



The FCHN program in Nepal was started in 1988. Starting from 19 districts of CDR and 8 districts of WDR (totaling 27), this program has expanded to all 75 districts in 1995

As per the experience of program implementation of the FCHV strategies has been revised. This has been fourth revision (2009), the first revision was done in 1990, second in 1992 & third in 2003. This revision has given more effective role to the mothers group for health and responsibility towards local government and added some curative services in predefined programs.

The FCHV program has been well established in the National Health System of Nepal. The department of Health services is hopeful that the program will expand its scope & be more effective through the implication of this strategy.

I would like to thank all the stake holders of the programs.

Signed

Dr. Yasho Vardhan Pradhan
Director General
Department of health services



Government of Nepal
Ministry of Health & Population
DEPARTMENT OF HEALTH SERVICES

Tel. : 4261438
: 4261712
Fax : 4262238

Pachali, Teku
Kathmandu, Nepal

Ref. No.

Date :

Felicitacion



The Ministry of Health & Population is active to uplift the health status of Nepalese population through the established health institutions from the center to villages.

The FCHVs are contributing the health of mother & children through prevention, promotive and curative services as guided by programs at ward level. As the health services expand the role of FCHV is also expanding. To maintain the services, basic training & refresher training are being organized for FCHV and similarly have been provided to FCHV through free health care and provision of FCHV fund by the government.

This revised strategy tries to update the services of FCHV. During the revision process the comments & feedbacks of experts of the programs; other & supporting, representative of local government various health workers & especially the FCHV as the interim Health policy have been incorporated.

I would like to thank USAID/ NFHP-II for providing financial support in the process of development of strategy & similarly, I would like to thank the members of technical working group and previous director of FHD, Dr. Bal Krishna Suvedi and previous FP section chief Mr. Bhogendra Raj Dotel, present section chief Mr. Sagar Dahal & Focal person of FCHV program Ms. Mangala Manandhar and all the staff members of FHD & Mr. Ram Bhandari for collecting the feedbacks from various sectors and keeping in revision of the strategy.

Signed

Dr. Naresh Pratap KC
Director
Family Health Division

Abbreviations

AHW	Auxiliary Health worker
ANM	Auxiliary Nurse mid-wife
CHD	Child Health Division
D (P)HO	District (Public) Health Office
DOHS	Department of Health services
EDCD	Epidemiology and Diseases Control Division
FCHV	Female community Health Volunteer
FHD	Family Health Division
FP	Family Planning
LIVID	Logistics Management Division
MCH	Maternal Child Health Worker
MGH	Mothers' Group for Health
MOE	Ministry of Education
MOHP	Ministry of Health and Population
MOLD	Ministry of Local Development
NHEICC	National Health Education, Information and Communication Center
PRD	PHC- Revitalization Division
RHD	Regional Health Directorate
VDC	Village Development Committee
VHW	Village Health Worker

Strategy of Female Community Health Volunteer Program

1. Background

National health policy of Nepal 1991 has developed a structure from center to community to uplift the health status of Nepalese people. As a majority of Nepalese people live in rural area, the health structure has been constructed in such a way that the majority of population has access to health services.

At present the effort of health sector is streamlined towards achieving millennium development goals. The national health sector reform implementation plan has committed to provide essential health care through a structured and functional health system.

The national health policy 1991 had envisioned involvement of female community health volunteer (FCHV), traditional birth attendants and members of various organizations in the health activities. The interim national development plan 2007/2008 – 2009/2010 has stressed to strengthen the FCHV program through activities such as establishment of female community health volunteers' fund in each village development committee, revision of strategy of female community health volunteers and provision of honored-farewell to aged female community health volunteers. Though the FCHV program was initiated with a view to improve the status of women and children in the rural areas through promotional and preventive activities, they are also providing few curative services like treatment of acute respiratory infection and newborn care.

Low utilization of available health services and relatively high morbidity and mortality rate in rural areas still demand for the role of FCHV through new approaches and activities.

As per Local- Self Governance Act and the policy of handing over and management of health institutions, there seems tremendous role of FCHV in successful implementation of various programs. The great potential of FCHV as motivators of health and as an active and responsive member of health facility management committee will contribute to the development of community.

The FCHV program was initiated in 1988/89. The FCHV strategy has been revised three times in the past: first time in 1990 September, second time in 1992 and the third time in 2003.

As a result of active involvement of FCHV, there is gradual improvement in the health status of Nepalese population, especially in reducing maternal mortality rate, infant mortality rate and child mortality rate. Nepal government has highly valued the contribution of FCHV and in this line has started new programs to keep up the active involvement of FCHV. In this background, this FCHV strategy has been revised and being implemented by ministry of health and population. This strategy will be functional starting fiscal year 2067/68 Bikram Sambat.

Throughout this document, the term female community health volunteers denotes self-motivated person, selected by local mothers' group for health for supporting various health activities conducted by local health institutions, and who commit themselves to work as volunteer for a certain period of time and who have been trained as per the basic curriculum of FCHV.

This strategy will use the short term of FCHV for female community health volunteers. This strategy will be operational in the village development committees only.

2. Goals and objectives

2.1 Goal

The goal of FCHV program is to support the national goal on health through community involvement in public health activities. This includes imparting knowledge and skills for empowerment of women, increasing awareness on health related issues and involvement of local institutions in promoting health care.

2.2 Objectives

- 2.2.1 To activate the women for tackling health problems by imparting relevant knowledge and skills
- 2.2.2 To prepare a pool of self-motivated volunteers as a focal person for bridging the health programs with community
- 2.2.3 To prepare a pool of volunteers to provide services for community-based health programs
- 2.2.4 To increase the participation of community in improving health
- 2.2.5 To develop FCHV as a motivator of health
- 2.2.6 To increase utilization of health care services through demand creation

3. Implementation

3.1 Mothers' group for health

- 3.1.1 With the involvement of community, local health institution and local government will form a mothers' group for health (MGH) in each ward of a village development committee including all the interested women of reproductive years age group.
- 3.1.2 In the mothers' group for health, there will be at least 11 persons in the mountainous region, 15 persons in the hilly region and 21 persons in the Terai region. Interested women from marginalized, oppressed and backward community will be promoted to become members of MGH
- 3.1.3 Every FCHV will have one MGH

3.2 Role of MGH

- a) Select a FCHV through general consensus
- b) Select a new FCHV in case if an existing FCHV resigns, or if she has undertaken any paid job, or if unable to perform activities due to physical inability, or if has migrated from her permanent residence or if she crosses age limit or if she becomes inactive as FCHV due to personal reasons
- c) Conduct a meeting of MGH: generally the meeting of MGH will be conducted every month. The dates for the meeting will be decided by general discussion. However, it is preferable to hold such meeting on the day of conducting outreach clinic (Gaaun-ghar clinic).

- d) Share knowledge and skills: knowledge obtained by FCHV during basic and refresher training as well as from reviews and seminars should be imparted and discussed with community in the meeting of MGH. Further, the members of MGH are entitled to disseminate such information and other relevant information to the male and female members of the community.
- e) Hold the meeting of MGH: the FCHV has the responsibility of calling the meeting of MGH and setting the agenda for meeting
- f) Invite members of community: It is desirable to invite women representatives of the local government, women teachers and resource persons of non-governmental organizations in the meeting of MGH and request to share their knowledge and skills to the mothers.
- g) Evaluate the work of FCHV: Every year, the MGH will evaluate the work of its FCHV and report to the local health institution.
- h) Active members of the MGH will be entitled to get loan from FCHV Fund. The basis and conditions for this purpose will be as per the FCHV Fund guidelines.

3.3 Selection of FCHV

A meeting of MGH will select FCHV on the following basis. The decision of selection of a new FCHV should be communicated formally to local health institution and local government.

Basis of selection of FCHV

- a) Permanent resident of the related ward of VDC
 - b) Interested to work as FCHV for at least 10 years
 - c) Age between 25-45 years
 - d) Married or single (priority to be given to women having up to 3 children in case of a married woman)
 - e) Having commitment to serve the community
 - f) Priority will be given to those, who can read and write
 - g) Priority will be given to women from Dalit, Janajati and Marginalized groups
 - h) Those who are interested to be FCHV will have to submit an application to MGH (as per appendix 7)
- However, those women who are involved in a paid job, will not be allowed to be FCHV.

3.4 Number of FCHV

Generally every ward of a village development committee will have at least one FCHV. However, nationally, current existing number of FCHV (48946) will be maintained.

3.5 Training and capacity development of FCHV

- a) Basic training will be provided to all newly recruited FCHV
- b) Capacity development activities of FCHV will be carried out through training, refresher training or orientation program as per need for new programs

3.6 Role of FCHV

- a) The main role of FCHV will be concentrated on the health promotional activities of mothers and children in their working area. Besides, they will also help in promoting utilization of available health services and raise awareness on health through MGH
- b) FCHV will help in various health programs such as family planning, safer motherhood, newborn care, immunization, nutrition, communicable and epidemic diseases, acute respiratory diseases and diarrheal diseases control, environmental sanitation, health education and other national programs
- c) FCHV will also provide recommended services like drug distribution and diseases management as directed by Nepal government based on community based approach
- d) Other health programs also might involve FCHV through their guidelines. However, the involvement of FCHV in other programs should be mandatorily endorsed by central level FCHV Coordination sub-committee.
- e) FCHV has to submit an annual report to local health institution and her MGH.
- f) FCHV has to submit a monthly report of her activities to local health worker or supervisor every month
- g) FCHV can be selected by her respective MGH for a term of 5 years
- h) FCHVs are entitled to abide by the code of ethics. The code of ethics of FCHV is given in appendix 6.

3.7 Tenure of FCHV

FCHV can work as a FCHV up to the age of 60 years if the MGH recommends for continuation of her work every five years.

3.8 Role of health worker

Health workers working in the Village development committee such as village health worker, maternal child health worker, auxiliary nurse midwives, assistant health worker or in-charge of local health institution will help the work of FCHV and MGH, including the supply of required drugs and materials, collection of reports from FCHV and conducting meetings and providing technical support.

3.9 Retirement

- 3.9.1 FCHV attaining the age of 60 years will be bidden honored farewell on the recommendation of MGH
- 3.9.2 A letter of honor as well as a designated amount of money may be provided to the retiring FCHV after serving satisfactorily for a period of years.
- 3.9.3 Retiring FCHV will be requested to be a honored member of the MGH
- 3.9.4 Retiring FCHV might continue to get the benefits of an active FCHV like obtaining free essential health care as per the guidelines.

4. Structure

- a) At the central level, ministry of health and population, department of health services, family health division will be the entity to manage activities related with FCHV
- b) At the regional level, Regional Health directorate will coordinate, monitor provide necessary guidance to the districts related to FCHV activities
- c) District (public) health office are responsible to implement the policy and programs, follow up their activities, report and promote involvement of FCHV in various health activities
- d) The focal person for FCHV related activities in the district will be family planning supervisor or public health nurse. In case of their non-availability, district (public) health officer will nominate another person with the approval of family health division
- e) At VDC level, in-charge of local health institution will be responsible for mobilizing the activities related to FCHV as well as following up their activities. Village health worker and maternal health worker will be focal persons for FCHV. In case of non- availability of VHW or MCHW, AHW or ANM will be responsible for said activities.
- f) The focal person will support the formation of MGH and support their activities. Besides, they will also help in orienting the MGH and making the MGH active.
- g) Activities will be coordinated at various levels in policy related matters and development of plans and implementation of activities involving other ministries and their agencies.

5. Development of programs and monitoring

5.1 FCHV sub-committee

- a) At the central level, a “FCHV coordination sub-committee” will be structured under the national reproductive health coordination committee. (See appendix 3)
- b) The members of the said “FCHV Coordination sub-committee” will be representatives of various agencies of Government of Nepal, partner agencies, national and international non-governmental organizations. The Sub-committee can invite directors and chiefs of various divisions of department of health services and other stakeholders.
- c) The FCHV coordination sub-committee will help the family health division in developing policies and strategies related with FCHV. It also will help in reviewing various programs related with FCHV and support in implementing them as well coordinate between various health programs.
- d) Generally, meeting of the FCHV co-ordination sub-committee will be held three times a year. However, in case of need, a meeting can be called with a clear-cur agenda.
- e) A designated person under the family health division’s FCHV program will function as member secretary of the FCHV coordination sub-committee.

5.2 Review meeting of FCHV

- a) All the village level health institutions will hold review meeting of FCHV two times a year (with a gap of six months, preferably in November & July) with a duration of 2 days. The meeting will review the performance of FCHV and plan for future activities.

- b) The in-charge of local health institution will conduct the review meetings of the FCHVs in the VDC. VHW and MCHW will be participating in the review.
- c) During the review meeting, review of the work of FCHVs and relevant health programs will be carried out. Besides analysis of the ward register, problem identification and their solution, recording of vital events (such as maternal death, neonatal death, couples using family planning methods) will be done during the review. Necessary guidance and logistics support will be provided to FCHV during the review meeting.
- d) During the review meeting the activities related to FCHV fund mobilization and utilization as well as discussion on raising the fund will also be done.
- e) The in-charge of the local health institution might invite the chief of local VDC or his/her representative as well as ward members and members of the health facility management committee.
- f) Similarly at the district level officials of district development committee & other be invited during the review meeting.

6. Motivation

The following activities will be carried out to keep up the motivation of FCHV implementing for successful community based health activities.

6.1 FCHV Fund

The FCHV fund established at VDC & DDC level will be made active. For this purpose orientation program will be conducted and monitoring of FCH fund activities will be carried out as per the provision of FCHN- fund guidelines.

6.2 Observation of the FCHV Day will be continued as in the past. Starting this year (2010) FCHV day will be observed on the same day as international volunteers' day.

6.3 In collaboration with local government, effort will be made to provide a letter of appreciation and felicitate the in public functions as well as send for observation tour who perform at higher and appreciative level.

6.4 An identifying "logo" has been designed to depict the identity of FCHV as shown in appendix 1. This logo will be used in papers related with FCHV.

6.5 A board of FCHV has been designed for the display purpose as shown in appendix 2.

6.6 A sample of identity card of FCHV is shown in appendix 4. The Identity card will be issued by D (P) HO and duly numbered as directed.

6.7 A design have been developed for the For the identification of FCHV's saree, as shown in appendix 5.

7. Facilities

The following facilities will be provided to FCHV:

- a) Transport cost to attend meetings and reviews as per guidelines
- b) Identity card, FCHV board, an FCHV bag, a small box with required drugs and equipments and other program related materials

- c) Free health care services as mentioned in Free Health Care guidelines
- d) Dress in collaboration with local government from time to time (the design of the border of saree is given in appendix 5).
- e) Local government may provide other support to FCHV in collaboration with D(P)HO and local health institution respectively in their serving areas.
- f) Facilities provided at local level will be coordinated by D(P)HO
- g) If other sources of income will be available, they will be deposited in the FCHV fund.
- h) D(P)HO will inform about the resources provided to FCHV to RHD and FHD.

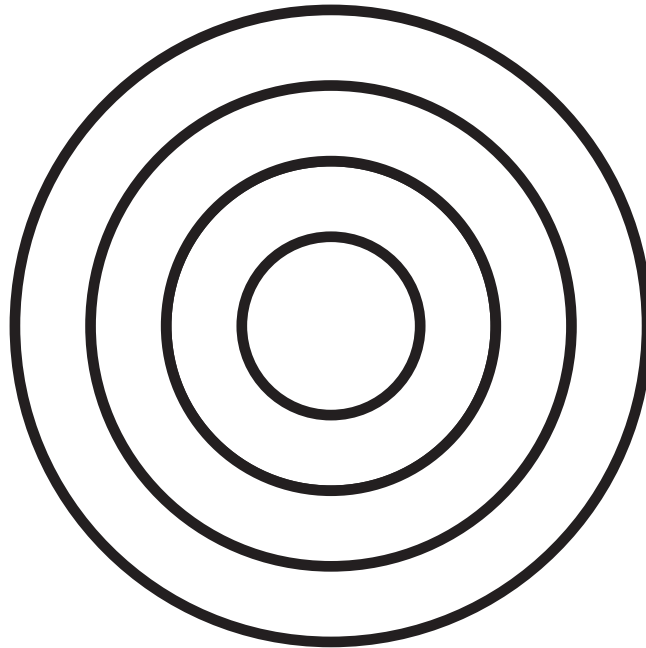
8. Miscellaneous

- 8.1 MOHP/DOHS family health division will clarify any clause related with this strategy and can make necessary revisions.
- 8.2 DOHS/FHD can prepare a guideline to implement this strategy.
- 8.3 The facilities to FCHV will be provided as per the approved annual work plan and budget.

Appendix 1

Identification of FCHV Program (Logo)

The identification mark (logo) of FCHV will be as follows:



Explanation of logo:

When a small pebble is thrown into a pond, it creates a wave, which gradually spreads all over the surface of pond. Similarly, the activities of FCHV starts at ward level and gradually spreads to VDC level. Subsequently, the district will be covered with such actions and ultimately, whole nation will be developed through FCHV's action

The innermost circle shows that the action starts at community or ward level by individual FCHV, (as community is the center of health activities)

Second circle shows the action is spread in the entire VDC

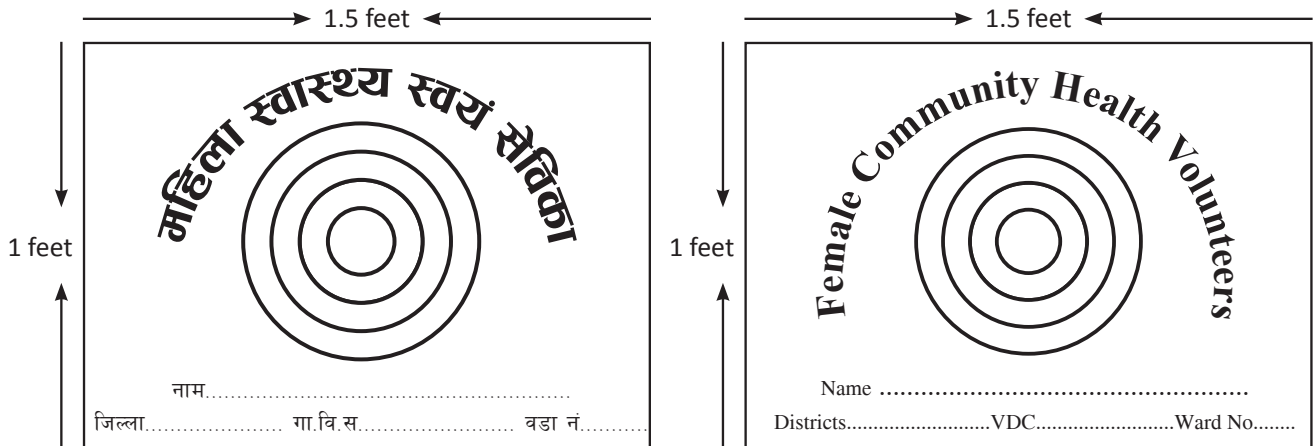
Third circle depicts whole district will be covered by FCHV's actions

The outermost circle shows that the action of FCHV will cover the whole nation

Appendix 2

Sample of a board of FCHV

The identification board of a FCHV will be as follows



Specification :

1. A plate of tin (with 24 gauge thickness) measuring 1ft * 1.5ft
2. The plate is painted in sky blue color. The frame of this plate will have dark blue color.
3. The letters in the plate will be written in navy blue color.

Appendix 3

Composition of the central level FCHV sub committee

<u>S.N</u>	<u>Representation</u>	<u>Institution</u>	<u>Designation</u>
1.	Director	FHD	Chair
2.	Sr. PHO	FHD	Member secretary
3.	Section chief	(FP & FCHV), FHD	Member
4.	Representative	CHD	Member
5.	Representative	NHTC	Member
6.	Representative	LMD	Member
7.	Representative	EDCD	Member
8.	Representative	NHECCC	Member
9.	Representative	MOLD	Member
10.	Representative	PHC	Member
11.	Representative	MOE	Member
12.	Representative	MOWCSW	Member
13.	Representative	Department of water	Member
14.	Representative	Unicef	Member
15.	Representative	UNFPA	Member
16.	Representative	USAID	Member
17.	Representative	NTAG	Member
18.	Representative	NFHP	Member
19.	Representative	Care Nepal	Member
20.	Representative	SCF(US)	Member

Appendix 4

Sample of Identity card of FCHV

Front:

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
जिल्ला (जन) स्वास्थ्य कार्यालय

महिला स्वास्थ्य स्वयं सेविकाको
परिचय-पत्र

फोटो

परिचय पत्र नं.

नाम भर:

गा.वि.स./न.पा: वडा नं.

स्वास्थ्य संस्था:

Back:

यो परिचय पत्र निस्वार्थ भावले काम गर्ने महिला स्वास्थ्य स्वयं सेविकाको भएकाले वंहाहरुलाई आवश्यक सहयोग गरिदिनु हुन अनुरोध छ ।

Name of FCHV

प्रमाणित गर्ने

नाम:..... दस्तखत :

पद : मिति:.....

महिला स्वास्थ्य स्वयं सेविकाको दस्तखत:

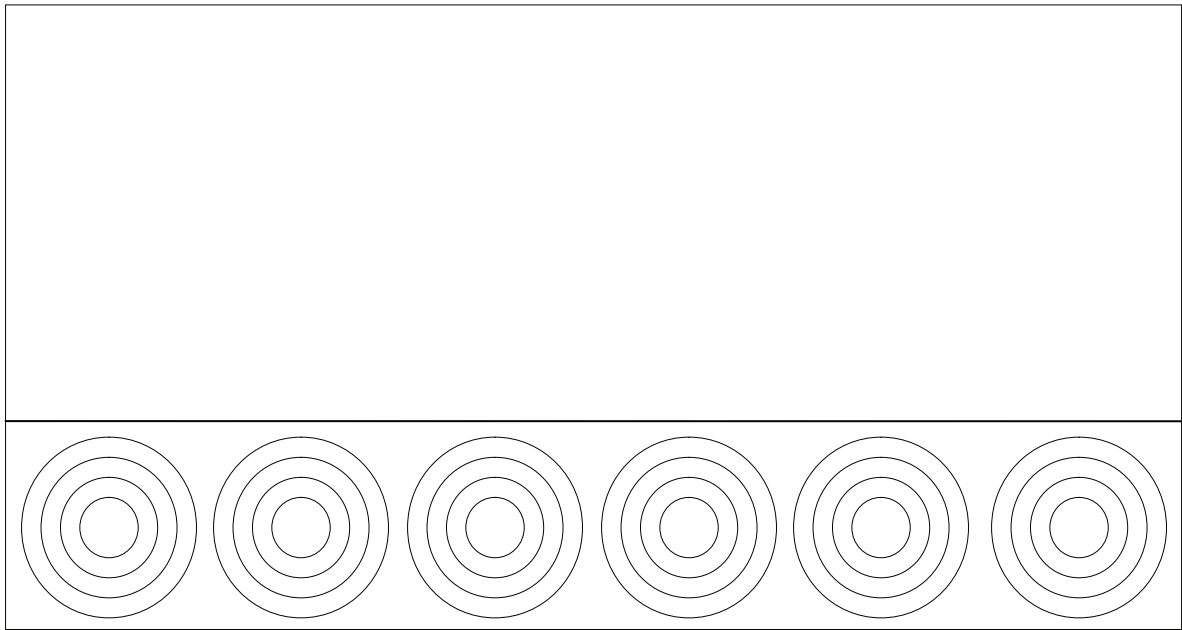
यो परिचय पत्र कसैले पाउनु भएमा नजिकको स्वास्थ्य संस्थामा बुझाई दिनु होला ।

Appendix 5

The border of FCHV's saree will be as follows:

- The border of the FCHV's saree will have sky blue border with 4 circle in it as per the logo of FCHV

Design of Saree



Appendix 6

Code of ethics for FCHV

1. I will work in the spirit of international volunteers to safeguard the health of community through right based approach & access with high moral, honesty & spirit.
2. I will promote health services in the community properly using my knowledge & skills through involvement of various health activities.
3. I will be responsible & honest toward my Mother's group for health
4. I will preserve the health of community through the spirit of volunteerism
5. I will motivate & encourage the community to utilize the services provided by health institution and out-reach clinics
6. I will be polite and helpful towards the community
7. I will keep confidentiality of the service seeker
8. I will not use my knowledge & skills for my personal benefits
9. I will heartily devote my effort towards upliftment of community, mother & child health
10. I will endeavor to empower the mother group for health & strengthen the health services.
11. I will actively participate in the proper use of the FCHV fund and help in its sustainability.
12. I will provide unbiased services to the community & people by generously observing their values & culture.
13. I will actively participate in all health programs & activities.
14. I will obey all the rules, policy & guidance as prescribed by the MOHP & its agencies. I will carry out MOHP's activities with priority.
15. I will tender my resignation to MGH in case I undertake any sort of paid job.
16. I solemnly pledge that my work will not be influenced by cast, sex, religion, color, age, disability and political thought & influence.
17. I will not advertise political belief in the health programs.

Appendix 7

Sample of an application to become FCHV

To: Mother's Group for health

Date:

Ward no:

VDC:

District:

Subject: Willingness to work as a FCHV

Dear Madam,

Herewith I am applying to work as a female community health volunteer. I will obey the rules of the MGH. I also pledge my commitment to follow the code of ethics of FCHV through this letter.

Applicant's name/ surname:

Address: VDC: Ward no:

Signature:

Date of birth: Citizenship no:

Resolution of MGH

A meeting of MGH held on(date) has decided to nominate Ms.....(full name of candidate), permanent resident of VDC, Ward. No..... (Citizenship no.....), who has agreed to follow the code of ethics of FCHV. This resolution is applicable from the date of.....for initiation/ renewal of FCHV's responsibility

<u>S.N</u>	<u>Name</u>	<u>Signature of member of MGH</u>	<u>VDC</u>	<u>Ward No.</u>
------------	-------------	-----------------------------------	------------	-----------------

1.

2.

3.

4.

5.



NFHP II

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of FHD/MoHP and do not necessarily reflect the views of USAID or the United States Government.