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AN ANALYTICAL REPORT ON FEMALE COMMUNITY HEALTH VOLUNTEERS (FCHVs) OF NEPAL

स्वास्थ्य विभाग
मान स्वास्थ्य महानगर
स्वास्थ्य प्रकाश रोम विप्लव कार्यक्रम
त्रिभुवानी बर्ता तथा रिपोर्ट किताब

महिला स्वास्थ्य स्वयंसेविका भिटाभिन "ए" क्याप्सुल बितरण
रजिष्टर



स्वास्थ्य विभाग, स्वास्थ्य सेवा विभाग
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May 2006



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ORC MACROSM

PREFACE

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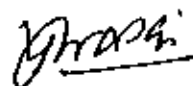
The Nepal Family Health Program (NFHP), supported by USAID/Nepal, is a five-year program, which started in December 2001. The NFHP provides support in strengthening the district and community health system with a focus on family planning and maternal child health program including safe motherhood, Vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers (FCHVs), and support for the national integrated logistics system.

The NFHP has been supporting FCHVs in 17 districts (Jhapa, Sunsari, Morang, Siraha, Bara, Parsa, Mahottari, Dhanusha, Rautahat, Chitwan, Nawalparasi, Rasuwa, Banke, Bardiya, Bajura, Kailali, and Kanchanpur), which are known as the Core Program Districts (CPDs). These districts have been receiving continuous support from NFHP since 2001. In this regard, ORC Macro International Inc./USA through the funding of USAID contracted New ERA for carrying out FCHV surveys on an annual basis from 2002 to 2005. The main objective of the survey was to find out the stock and supply status, commodities, and services related to maternal and child health. New ERA's main responsibility was to conduct the survey in 17 CPDs of NFHP and to submit the clean data tables to NFHP through ORC Macro International Inc./Washington D.C. The findings of the survey data were mainly used by the NFHP especially to monitor the FCHVs activities conducted in 17 CPDs.

In year 2005, in addition to 17 CPDs the survey was conducted in other additional nine districts where other INGOs have been providing support for family planning and maternal and child health services through the FCHVs. The main objective of including the other nine districts was to analyze the difference in the performance of activities of FCHVs between the districts supported by NFHP and districts supported by other INGOs. The survey was effectively completed in all 26 districts and the clean data tables of 2005 was submitted to ORC Macro and NFHP.

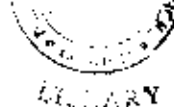
Reviewing the data and information of the year 2005 FCHV survey, New ERA Management Committee decided to produce it in a report form and to publish it. Both USAID/Nepal and ORC/Macro approved the preparation of the report and its publication by New ERA.

Data/information of a total of 2524 sampled FCHVs of 26 districts are included in this report. The report is divided into nine sections namely, introduction, methodology, background characteristics of the FCHVs, commodities available with FCHVs, monitoring and supervision of FCHVs activities, access to communication, maternal care and family planning, community based-integrated management of childhood illness (CB-IMCI) and community activities. We trust that the readers will appreciate the unique features of this report, and the relevance of the data /information to all involved in promoting health services especially to women and children of the rural areas through the FCHVs who are about 50,000 in number, spread throughout the country.



Yogendra Prasai
Executive Director

ACKNOWLEDGMENTS



Accession No. 4
Call No. 1111111111

We are grateful to ORC Macro International Inc./Washington D.C. and USAID/Nepal for entrusting New ERA to undertake this survey in 26 districts of Nepal and for allowing us to prepare this report.

The study team is grateful to Dr. John Quintey, Health and Child Survival Advisor of USAID/Nepal for reviewing the draft report thoroughly and for making the necessary modifications and analysis in most sections of this report. It would not have been possible to produce a report of this kind without his technical input.

We are indebted to Dr. Pav Govindaswamy, Senior Country Coordinator from ORC Macro International Inc./Washington D.C. for the overall guidance and technical support she provided during the finalization of this report.

Similarly, the team is also thankful to Mr. Bharat Ban, Monitoring and Evaluation Specialist, NFHP, for his professional advice in the completion of this study. We would also like to thank Mr. Dilip Poudel and all the other concerned personnel of NFHP for their support and cooperation.

The study team would like to thank to Dr. Piyush Kumar Rajendra, Director, Family Health Division, Ministry of Health and Population and other officials for the support and cooperation they provided during the entire study period. We would also like to express our gratitude to all the District Health Officers of the surveyed districts for their cooperation during the survey period.

Finally, we would like to express our heartfelt gratitude to all the respondent FCHVs for their co-operation provided to our field researchers. This report would not have been possible without their generous support.

~ New ERA Study Team~

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ABBREVIATIONS

ARI	Acute Respiratory Infection
AusAid	Australian Aid
BCC	Behavior Change Communication
BPP	Birth Preparedness Package
CB-IMCI	Community-Based Integrated Management of Childhood Illness
FCHV	Female Community Health Volunteer
INGO	International Non-Governmental Organization
JICA	Japanese International Cooperation Agency
MOH	Ministry of Health
NFHP	Nepal Family Health Program
CPD	Core Program District
ORD	Oral Rehydration
ORS	Oral Rehydration Solution
PLAN	PLAN International
SC/US	Save the Children/US
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee

EXECUTIVE SUMMARY

The 2005 Female Community Health Volunteer (FCHV) survey interviewed 2,524 FCHVs in the 26 districts which have FCHVs trained to provide pneumonia diagnosis and treatment at the community level. The survey provides information to compare the performance of FCHVs in the 17 Nepal Family Health Program districts and 9 other districts (supported by UNICEF, JICA, PLAN, SC/US and AusAid), particularly for the Community Based - Integrated Management of Childhood Illness program, of which FCHV pneumonia treatment is one part. However the survey is also useful in looking a broad array of FCHV activities and characteristics of the FCHVs.

Characteristics

- Age: The median age of FCHVs in the 26 districts is 39 years.
- Work experience: Turnover of FCHVs appears to be only about 3 percent per year and many have been serving since they were first recruited. Only districts with recent changes from ward to population based programs have mostly younger FCHVs.
- Education/literacy: Half of all FCHVs are literate. Younger FCHVs tend to have higher levels of education. In major program areas and controlling for numbers of households per FCHV, illiterate FCHVs perform just as well as literate FCHVs. There does not appear to be any program advantage to recruiting only literate FCHVs and this might make them less accessible to the population.
- Caste/ethnic group: By and large, FCHVs represent the ethnic/caste makeup of the districts they serve. In 10 of 26 districts they are indistinguishable statistically from the general population and two other districts favor FCHVs from disadvantaged groups. In nearly all districts, Janjati and middle caste groups are well represented. The biggest problem is that in half of surveyed district (13) Dalit and/or Muslim FCHVs are clearly under-represented. However, this is still much better than the government workforce, in which Dalits and Muslims are rarely found.
- Workload and attitudes towards work. FCHVs report working a median of three days a week for two hours a day. About 75 percent would like to spend more time in the future working as an FCHV while 25 percent would like to spend about the same time.
- Serving the disadvantaged. Compared to their proportion in the population, FCHVs are somewhat more likely to see Dalit or Muslim children with ARI than more advantaged groups. This contrasts with the 2001 Demographic and Health Survey findings that more advantaged groups are more likely to visit public facilities, and demonstrates that FCHVs preferentially serve disadvantaged groups.

Commodities (see also Maternal Care/Family Planning and CB-IMCI below).

- Key commodities. In Nepal Family Health Program (NFHP) districts 56 percent of FCHVs have all four key program commodities (Pills, Condoms, ORS and Cotrim (if they are treatment FCHVs)) compared to only 18 percent in the other nine districts. The presence of the NFHP program clearly has improved commodity supplies for FCHVs.
- Family planning commodity attitudes. The biggest difference in key commodities is in pills and condoms. In non-NFHP districts, FCHVs much more often give "no need" as the reason for not carrying them, which indicates that lack of supplies is not

the only problem. NFHP appears to have also improved FCHV attitudes towards carrying family planning supplies.

- **FCHV register:** Over 90 percent of FCHVs have their FCHV register, which is the original book for recording their activities.
- **Vitamin A registers:** Vitamin A registers are held by most FCHVs (about 78%). In some districts these may be held by health facility staff between distribution rounds. Nutrition education flipcharts are still held by only 55 percent of FCHVs.

Monitoring and Supervision (see also CB-IMCI below).

- **Monthly health facility meetings:** Most FCHVs report attending monthly meetings at their health facility, and this is much more common in NFHP districts (93%) compared to other districts (63%).
- **Local supervisor visits:** 93 percent of all FCHVs report having been visited by their local supervisor within the last month. Rates are slightly lower in mountain or hill districts where access may be difficult.
- **FCHV monthly reports:** 94 percent of all FCHVs report providing a monthly report on their activities to their supervisor or local health facility. Again rates are slightly lower in mountain districts.

Access to Communication

- **Sources of health information:** FCHVs report that FCHV meetings/trainings and their local health facility (including their supervisor or other health worker) are their main sources of information on health issues. 67 percent of NFHP district FCHVs and 56 percent of other district FCHVs report radio as a major source of information as well. Other FCHVs (23%), television (22%) and newspapers (16%) were mentioned less often as a major source of information.
- **Radio ownership and listening:** Most FCHVs report owning a radio (85%) and over 60 percent report listening to the radio almost every day. Most FCHVs either always or often get to choose what they listen to.
- **Nepali language difficulties:** FCHVs in the Eastern and Central Terai (from Sunsari through Parsa) and in Rupandehi and Banke frequently have difficulty understanding Nepali on the radio, presumably because their native language is not Nepali and many have no formal education. In these districts 20%-45% of FCHVs understand radio Nepali "with great difficulty" or "not at all".
- **Specific radio programs:** About 85 percent of FCHVs have listened to some health program on the radio in the last six months, and about 64 percent have specifically listened to *Jana Swasthya Karyakram* (People's Health Program). Two other specific programs were much more listened to in NFHP vs. other districts: *Gyan Nai Shakti Ho* (Knowledge is power) 59 percent vs. 33 percent and *Sewa Nai Dharma Ho* (Service brings reward) 84 percent vs. 57 percent. Regular listening to this last program is mostly found in NFHP Terai districts from Mahotari to Parsa (64%-78%) though FCHVs who don't listen regularly are the most likely to complain of difficult language as the problem

Maternal Care and Family Planning

- **Prenatal counseling:**
 - FCHVs report counseling an average of 15 pregnant women per year. This corresponds to 70 percent of all expected pregnancies in the 26 districts (ranging from 30% to over 100%). It is likely that FCHVs overestimate this coverage and

in two districts with comparable questions to recently delivered women the FCHV estimates were 1.5 to two times higher.

- Most prenatal advice appears to be traditional messages (go for antenatal checkups and get tetanus toxoid). Additional messages on danger signs in pregnancy and birth preparedness are mentioned at a moderate rate.
- FCHVs are able to name individual danger signs about 50-90 percent of the time but did not name all five frequently in the survey.
- **Iron/folate distribution:** Iron/folate is given by most FCHVs in 16 districts and by few FCHVs in 9 districts. This is mostly related to a special government "Iron Intensification" program supported by the Micronutrients Initiative, UNICEF and PLAN. Overall, FCHVs report giving iron to an equivalent of 35 percent of pregnant women (over 50% in eight districts with the program). This program appears to be an effective way to reach many women with iron. Again FCHVs may over-estimate their coverage and in two comparison districts FCHV coverage rates were 1.5 to three times higher than those reported by recently delivered women.
- **Delivery presence**
 - **TBAs:** 19 percent of FCHVs surveyed report that they are also TBAs and two-thirds of these have received TBA training in the past.
 - **Presence at delivery:** Nearly 80 percent of all FCHVs report being present at a delivery in the past year. This averages 3.0 deliveries for ordinary FCHVs, 6.2 for untrained and 6.7 for trained FCHV-TBAs.
 - **Coverage of births:** Overall 18 percent of deliveries may have an FCHV present in the survey districts (ranging from 5-37%).
- **Post-partum visits:** Nearly all FCHVs report making these visits, and 75 percent said their last visit was within three days of birth, but no data on coverage of these visits was obtained.
- **Post-partum vitamin A:** About 90 percent of FCHVs report giving vitamin A to post-partum women (with Sarlahi as an outlier at 21%). Only 60 percent of FCHVs actually had any vitamin A at time of survey. Reported coverage of this service would be enough for 39 percent of all births (range 17- 82% between districts).
- **Family planning counseling:** When asked about what an FCHV should do to have good rapport with a client most mentioned asking about the client's health problems and providing relevant information and advice (81-83%). Over half of FCHVs also mentioned listening carefully, treating the client with respect and greeting the client hospitably (58-65%). There were variations between districts, but not overall between NFHP and other districts or by FCHV characteristics.
- **Pills and condom distribution:** FCHVs in NFHP districts carry pills and condoms much more than FCHVs in other districts (81% and 84% vs. 43% and 38%) and this appears to be due to the influence of the NFHP project. NFHP FCHVs also provided more of these items to clients in the month prior to the survey than other districts (2.5 and 3.0 clients vs. 1.3 and 1.2 clients). Although FCHVs are not a major provider of contraceptives overall, it appears that program support can increase their role.
- **Referrals for injectable contraception:** There is no distinction between NFHP and other districts in terms of referrals for injectable contraceptives (about 2.5 per month), so the lack of supplies (and some motivation) may be the major hindrance to performance for pills and condoms. It is not possible to tell from the survey data the overall role of FCHVs in injectable referrals.
- **Catchment and estimated births** FCHVs who cover less than 100 households (about 60% of the FCHVs in this survey) are good at estimating the number of births each

year in their catchment area. However accuracy of estimated births and reported coverage of prenatal counseling and post-partum vitamin A services declines rapidly with increased catchment households. Among FCHVs with more than 200 households estimated births are only about half of actual births.

Community Based – Integrated Management of Childhood Illness

- Commodities: Cotrim and ORS are on average more available in NFHP districts (86% and 74%) vs. other districts (76% and 60%) but there is a great deal of variation between districts.
- Job Aides: Blue plastic cups are also more widely distributed in NFHP districts (66% vs. 39%). However other job aides (timers, referral book, classification/treatment cards) are generally more available in non-NFHP districts (90s vs. 80s).
- Outside supervisor visits: Visits by someone from outside the FCHV's VDC to talk to them about their work occurred within the past year for 61 percent of NFHP FCHVs and 53 percent of other districts. This is an activity included in NFHP but is not expected cover a high percentage of FCHVs.
- CB-IMCI review meeting: Most FCHVs (about 90%) recall attending a meeting in the past year (except in Rupandehi - 30% and Kaski - 66%), which is part of the CB-IMCI program in supported districts. A visitor from outside the VDC was reported in only 61 percent of these meetings for both NFHP and other districts. This is surprisingly low since under NFHP most or all such meetings should have an NFHP staff or district staff person in attendance.
- Pneumonia treatment:
 - Proportion of treatment FCHVs: Among all FCHVs in a district, treatment FCHV varies from 100 percent treatment to 20 percent depending on the district, but this has little relationship to population covered.
 - Rate of treatment by FCHV: The median rate of treatment is one child per month per treatment FCHV. 10 percent of treatment FCHVs report no treatments over the past six months, 38 percent treated less than one per month (15% of total treatments), and 52 percent one per month or more. There are a small number of highly active treatment FCHVs who treated one or more children for pneumonia per week (3% of FCHVs, 15% of all treatments).
 - Pneumonia treatment rates by district and population: NFHP FCHVs treat more children than those in other districts (10 vs. 5-6 per FCHV per six months). However NFHP FCHVs cover much larger populations per treatment FCHV and the rate of treatment per 100 children under five per year is similar (8-9 per 100). Two mountain districts had much higher population treatment rates (17 per 100) which may be due to higher rates of *pneumonia* in mountain areas.
 - Lack of cotrim: Prevented treatment in less than 10 percent of cases, but in selected districts it was a substantial hindrance to the program (e.g. in Nuwakot it prevented nearly half of all FCHV treatments).
 - Treatment rates by population per FCHV: There is some evidence that large populations per treatment FCHV moderately reduce overall treatment rates and that converting referral to treatment FCHVs in selected districts may increase coverage of this service.
- ARI rates and pneumonia/severe disease referral patterns:
 - Referral rates: Treatment FCHVs report seeing about 2.4 ARI cases for each pneumonia case treated and about 0.5 referral cases. Referral FCHVs see fewer ARI cases, but make somewhat more referrals than treatment FCHVs.

- Referrals of newborns: (less than two months) compared to expected births would imply that 14 percent of all newborns are referred by FCHVs for treatment. This is higher than expected and indicates that using FCHVs for newborn referral may be reasonable.
- Diarrhea treatment
 - Treatment rates: FCHVs in NFHP districts reported higher rates of treatment for diarrhea in children than other districts (2.5 cases in the past month vs. 1.6). This is only partly explained by higher rates of having ORS.
 - Treatments and lack of ORS: Most of FCHVs who gave no ORS in the past month had none at the time of survey, implying that lack of supplies is a significant problem for this program
 - ORS for older groups: 40 percent of all persons given ORS by FCHVs in the past month are age five or over. This is surprising since the program is targeted mostly at preventing and treating dehydration in small children.

Community Activities

- Outreach clinics: In all but a few districts most FCHVs report regular outreach clinics and most participate in these clinics by referring patients and attending the clinic themselves.
- Mother's groups: 94 percent of FCHVs report conducting mother's groups, usually on a monthly basis, with an average of 17 participants per meeting. In some mountain and hill districts these meetings are somewhat less popular (60-80% of FCHVs). The average size of a mother's group meeting does not vary greatly with the number of households a FCHV covers.
- FCHV day: About half of all FCHVs surveyed know about national FCHV day and over half of these participated in an activity for this day. This is variable between districts, with some having nearly 100 percent celebrate the day, while in others few FCHVs have even heard of it.
- FCHV Identity (ID) cards: About two-thirds of FCHVs have picture ID cards.
- Community supports: These are variable between districts. Nearly 70 percent of FCHVs report help from their mothers' group to carry out their work, 25 percent report cash allowances for meetings (other than the regular meeting allowance for training) and 40 percent have received in-kind incentives. Between districts the latter two supports range from near zero coverage to most of the FCHVs.
- Endowment funds: About one-third of FCHVs report these in their area (and 8% aren't sure). Again this varies from nearly zero to nearly 100 percent between districts.

CHAPTER – I

INTRODUCTION

1.1 Background of the Study

The Female Community Health Volunteers (FCHVs) Program has been implemented over a decade in Nepal. Since implementation, the FCHV programme has contributed immensely to increasing the rural population's access to modern health services, which in turn, has helped in reducing infant, child and maternal mortality as well as other diseases. Although they are volunteers, FCHVs have changed the overall health status in the country. FCHV activities range from administering polio drops and Vitamin A capsules to Oral Rehydration Solution (ORS) and treating children with pneumonia and providing all basic health information to women including in pregnancy. These groups of volunteers have covered the difficult mountainous terrain in Nepal reaching the rural household with messages on ways of maintaining good health. In a country with very poor mode of communication network nearly 50,000 FCHVs have developed their own individual and community networks for massively mobilizing people to administer Vitamin A capsules and providing polio drops twice every year. These FCHVs are the saviors of women and children offering basic health services at the grass root level.

The 2005 FCHV survey was conducted with the main objective of monitoring the performance of the USAID supported Nepal Family Health Program (NFHP). In addition, the survey also provides information on FCHVs that is of interest and useful to the NFHP and others. These surveys have been carried out annually since the beginning of NFHP (in 2000, 2003, 2004 and 2005). All these surveys were implemented by New ERA with the technical assistance from ORC Macro and with cooperation of Family Health Division of Department of Health Services.

1.2 Objectives

The main objectives of the survey are:

- a) To collect the information on basic health services provided by FCHVs to community people in terms of the needed commodities and providing information, communication, counseling and other supports to the rural community.
- b) To compare FCHV performance in districts receiving support from NFHP and those districts receiving support from other partners.

CHAPTER - II METHODOLOGY

2.1 Survey Design

Survey Area

The survey was conducted in 26 districts of Nepal of which 17 districts are the NFHP supported districts known as Core Program Districts (CPDs). These districts are Jhapa, Morang, Siraha, Bara, Dhanusha, Rasuwa, Banke, Bardiya, Bajura, Kailali, Kanchanpur, Sunsari, Chitwan, Parsa, Nawalparasi, Mahottari, and Rautahat. The other additional nine districts are supported by different other INGOs such as JICA, PLAN, SC/US, AusAid and UNICEF. The nine districts are: Makwanpur supported by PLAN; Rupandehi supported by JICA; Nuwakot supported by SC/US until 2003 (currently no external support); Dhankuta supported by AusAid; Kaski, Tanahu, Saptari and Dang supported by UNICEF. Finally, Sarlahi is a new district supported by NFHP. All of these districts, with the exception of Sarlahi, had a community based pneumonia treatment program (usually under CB-IMCI) for at least six months prior to the survey. The inclusion of nine districts not supported by NFHP was to compare their performance in CB-IMCI and other programs to the NFHP districts.

NFHP supports in the strengthening of the district and community health system with a focus on family planning and maternal child health programs including safe motherhood and family planning, Vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers, and support for the national integrated logistics system.



Selection of FCHV

The sample was designed to be representative of the total population of FCHVs in each district. In the first stage of sampling, a list of Village Development Committee (VDCs) was prepared in alphabetical order based on their name. Then a list of all wards in these VDCs

was listed. From this list, 100 wards were drawn by systematic random sampling as sample wards in each of the survey districts. The FCHV working in these sample wards were then selected for interview. In cases where there were more than one FCHV in the selected ward, only one FCHV was selected randomly. The selection methods and sample size has been maintained consistently with the prior annual FCHV surveys. Thus in the current survey, a total of 1,665 from NFHP districts and 859 from other nine districts were interviewed, out of a target of 1,700 and 900 respectively.

2.2 Survey Procedure

Staff Recruitment and Training

A total of 70 interviewers were recruited for the survey. These field staff were recruited taking into consideration previous experience in the FCHV surveys. A five-day long training was given to the field interviewers. Training topics included a description of FCHV program and activities, survey objectives, methodology adopted for the survey, presentation of data collection instrument and interviewing techniques. In order to familiarize the field staff with the survey questionnaire, role-play sessions were also conducted. In addition, in order to ensure data quality, all field staff were given orientation on maintaining consistency in the filled-up questionnaire, and field management techniques.

Experts were invited to give insight on technical aspects of the survey. The experts involved in this exercise were from NFHP, Ministry of Health and Population (MOHP), and USAID. During the training sessions, field staffs were also familiarized with the commodities that are being distributed in the community by the FCHVs. Similarly; they were also oriented on the BCC activities. The demonstration helped the field staff to get acquainted with and have deeper understanding of the commodities and program.

Team Composition

In each of the survey districts three to six field researchers were assigned. Upon arrival at the survey districts, the team visited concerned district level offices such as District Health Office, District Security Office and other concerned offices to brief the officials about the survey activities being undertaken in the district. Each individual of the field team then proceeded for conducting the survey activities. There were two team members in some of the remote districts selected.

Questionnaire Design and Pre-testing

The questionnaire was designed in close consultation with ORC Macro, USAID and NFHP. After the finalization of the questionnaire in English it was translated into Nepali version and then Pre-tested in Sitapaila and Bhim Dhunga VDCs of Kathmandu district. About 20 FCHVs were interviewed in the pre-testing exercise. The questionnaire was finalized after making necessary changes/modifications based on the feedback from the pre-testing exercise.

Fieldwork

The fieldwork was started from July 14 and ended on September 17, 2005. Initially, the fieldwork was carried out in the Terai districts in order to make the supervision more effective. This process helped to ensure the quality of the information being collected for the study. After seven days of fieldwork all the interviewers were invited to the regional headquarters for a regional meeting. Three regional sites were identified for the regional meetings: Itahari for eastern, Birgunj for central and Nepalgunj for western regions. The main purpose of these meetings was to share the experiences gained in the preliminary fieldwork.

Senior researchers of New ERA and the officials from NFHP also attended meetings. After the completion of the meeting the filled up questionnaires were checked in order to ensure the consistency and data quality. In cases where inconsistency or error was discovered, the concerned staff was asked to revisit the sample area. A total of 17 re-visits were carried out in these regions. Of these, 9 re-visits were in the Eastern, 3 in Central and 5 in the Western Region.

Data Entry

All the filled-up questionnaires were re-checked/edited upon their arrival in New ERA premises. This exercise helped in maintaining consistency in the filled-up information. Then numerical codes were assigned to some of the answers that were included in 'others' category. The data entry exercise was carried out by using computer software.

Data Analysis

The SPSS program was utilized to generate frequency tables and other cross tabulations. Later MS Access was used for additional data manipulation and Excel was used to generate charts and tables. The survey provides estimates at the district level. Most of the information has been analyzed using simple statistical tools such as frequency, percentages, mean and median. In addition, information was also cross-tabulated by selected background variables of the respondents such as age, caste/ethnicity and literacy and educational attainment. For most results weighing has been applied in calculating results for all districts so that the result represents all FCHVs in the sampled districts equally.

2.3 FCHVs Interviewed in the Survey

Table 2.1 presents the Weighted and Unweighted cases of sample of FCHVs included in the survey. A total of 2,524 FCHVs were interviewed in the 26 districts. Of them, 1,665 FCHVs were interviewed in 17 NFHP supported districts and 859 were interviewed in other 9 districts. Due to a variety of reasons 35 FCHVs of NFHP districts and 41 in other 9 districts could not be interviewed. The detail of not including the FCHVs in the survey is shown in the Table 2.0.

All 100 planned interviews were completed only in four of the 17 NFHP program districts and one of the districts supported by other organizations. In other districts, one or more FCHVs could not be interviewed. This problem was most severe to a maximum of 10 FCHVs in Bajura district of NFHP program areas and 26 FCHVs in Makwanpur district.

Table 2.0: Reason for not including FCHVs in the Survey

Reasons	N	%
1. No FCHV at home (don't know her where about)	5	6.6
2. FCHV absent for long period	22	28.9
3. FCHV died or no longer in service	11	14.5
4. Could not visit to FCHV due to security problem	28	36.8
5. Others	10	13.2
Total	76	100.0

Table 2.1: Total number of FCHVs included in the survey (Weighted and Unweighted) by survey districts, 2005

Districts		Un-weighted cases	Weighted Cases
NFHP Districts	Jhapa	99	60
	Morang	100	79
	Sunsari	100	144
	Siraha	100	129
	Dhanusha	98	123
	Mahotari	99	92
	Rasuwa	95	33
	Rautahat	98	123
	Bara	99	119
	Parsa	100	100
	Chitwan	97	55
	Nawalparasi	99	96
	Banke	99	90
	Bardiya	97	113
	Bajura	90	35
Kailali	99	171	
Kanchanpur	96	101	
Total		1,665	1,665
Other districts	Dhankula	96	42
	Saptari	100	144
	Sarlahi	99	43
	Nuwakot	99	144
	Makwanpur	74	50
	Tanahu	98	56
	Kaski	99	105
	Rupandehi	99	170
	Dang	95	104
Total		859	859

CHAPTER – III BACKGROUND CHARACTERISTICS OF FCHVs

Information was collected on FCHV's personal characteristics. This includes their age, years of experience, literacy and educational status, caste/ethnicity, workload and attitudes towards FCHV work.

3.1 Age

The median age of all FCHVs in the survey is 39 years, with 17 percent of FCHVs below 30 years of age and 21 percent over age 50. In general younger FCHVs tend to be better educated and more recently recruited. There is considerable variation in the age distribution of FCHVs by district (Figure 3.1 and table 3.1), with the youngest average age found in the far west (Kanchanpur, Kalaili and Bajura), with a median age of 32. The highest percentage of FCHVs (44%) aged 50 years or over is in Parsa with similarly high ages in several central Terai districts.

Figure 3.1: FCHV Age Distribution

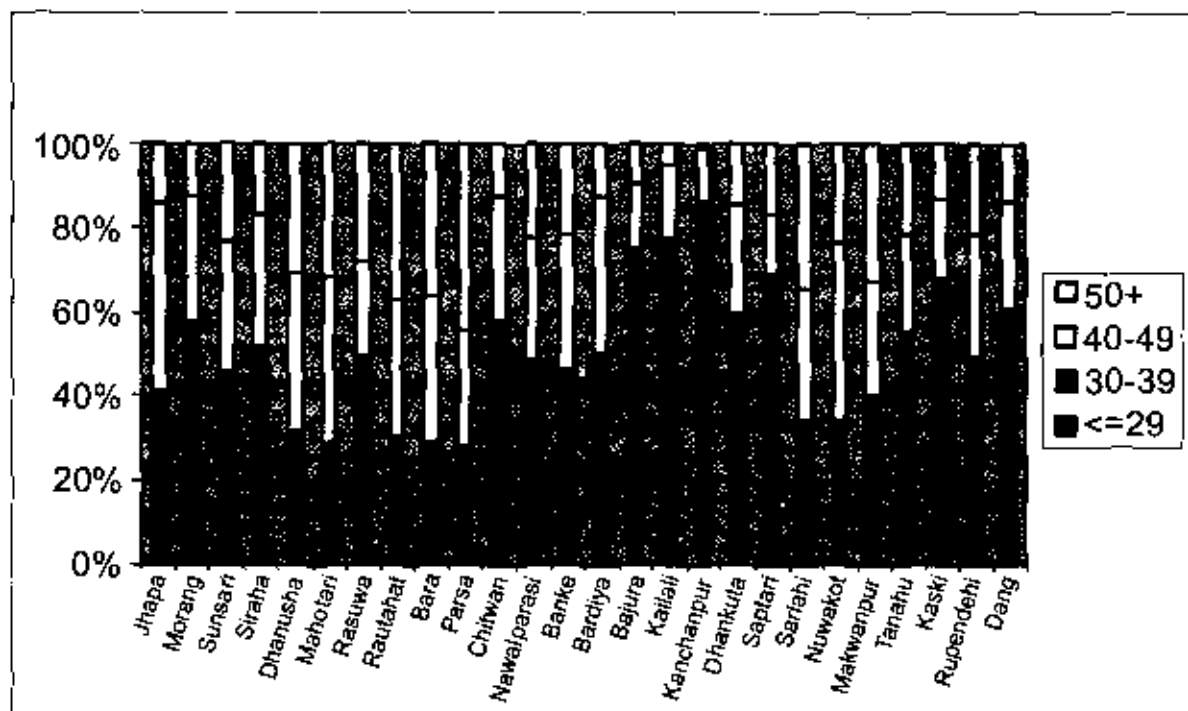


Table 3.1: Percentage distribution of FCHVs by age group and by survey districts

NFHP Districts	Age Group				Median
	<=29	30-39	40-49	50+	
Jhapa	8.1	33.3	44.4	14.1	41.0
Morang	14.0	44.0	29.0	13.0	38.0
Sunsari	17.0	29.0	31.0	23.0	41.0
Siraha	15.0	37.0	31.0	17.0	39.0
Dhanusha	6.1	25.5	37.8	30.6	44.5
Mahotari	9.1	20.2	39.4	31.3	45.0
Rasuwa	21.1	28.4	22.1	28.4	39.7
Rautahat	10.2	20.4	32.7	36.7	45.0
Bara	8.1	21.2	34.3	36.4	45.0
Parsa	4.0	24.0	28.0	44.0	46.0
Chitwan	16.5	41.2	28.9	12.4	37.0
Nawalparasi	14.1	34.3	29.3	22.2	40.0
Banke	15.2	31.3	32.3	21.2	40.0
Bardiya	15.5	35.1	37.1	12.4	39.0
Bajura	38.9	35.6	15.6	10.0	30.9
Kailali	36.4	41.4	17.2	5.1	33.0
Kanchanpur	40.6	44.8	12.5	1.0	32.0
Total	16.8	31.9	29.8	21.4	40.0
Other Districts					
Dhankuta	24.0	35.4	26.0	14.6	37.1
Saptari	13.0	56.0	14.0	17.0	35.0
Sarlahi	7.1	27.3	31.3	34.3	43.6
Nuwakot	13.1	21.2	42.4	23.2	42.0
Makwanpur	5.4	35.1	27.0	32.4	41.0
Tanahu	19.4	36.7	22.4	21.4	37.5
Kaski	20.2	47.5	19.2	13.1	34.0
Rupandehi	7.1	42.4	29.3	21.2	40.0
Dang	15.8	45.3	25.3	13.7	36.0
Total	13.3	40.2	26.6	20.0	38.0

3.2 Work Experience

The FCHV program was first established in 1988 in a few districts and expanded to all Nepal by 1994. Since that time there has been a gradual turnover of FCHVs, and selected districts have had large numbers of new FCHV recruited when they changed from ward based to population based programs (most recently in Kanchanpur district). When originally recruited, FCHVs were expected to be married women settled in the community.

Almost two-thirds of FCHVs surveyed reported they have had this job for ten or more years (Figure 3.2 and Table 3.2). Many of these must have remained in place since the FCHV program first started. Districts that have a large proportion of newer FCHVs appear to be those that have had relatively recent shift to being a "population-based" program, and these again may be original recruits for those positions. Only about 15 percent of FCHVs have been on the job for less than five years. If these all represented replacement of retiring FCHVs this would mean an annual turnover for FCHVs of not more than 3 percent per year. This is a remarkably low turnover rate for a volunteer program and is even lower than for government health staff. However, taken nationally this would still mean 1,500 new FCHVs per year scattered across districts and VDCs who will need training and orientation.

Figure 3.2: FCHV Years of Experience

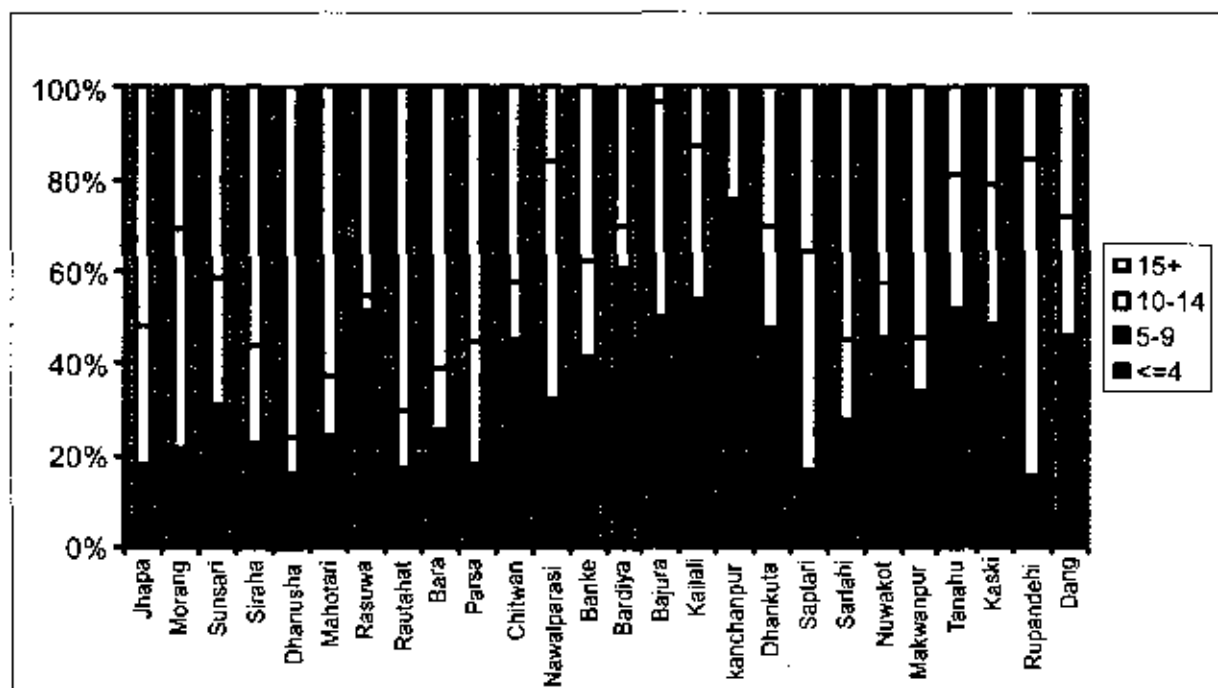


Table 3.2: Percentage distribution of FCHVs by year of work experience and by survey districts

	Years of work experience			
	<=4	5-9	10-14	15+
Jhapa	5.1	13.1	30.3	51.5
Morang	10.0	12.0	47.0	31.0
Sunsari	22.0	9.0	28.0	41.0
Siraha	9.0	14.0	21.0	56.0
Dhanusha	10.2	6.1	8.2	75.5
Mahotari	13.1	11.1	13.1	62.6
Rasuwa	23.2	28.4	3.2	45.3
Rautahat	12.2	5.1	12.2	69.4
Bara	14.1	11.1	14.1	60.6
Parsa	6.0	12.0	27.0	55.0
Chitwan	15.5	29.9	12.4	42.3
Nawalparasi	19.2	13.1	51.5	16.2
Banke	18.2	23.2	21.2	37.4
Bardiya	8.2	52.6	9.3	29.9
Bajura	28.9	21.1	46.7	3.3
Kailali	21.2	32.3	33.3	13.1
Kanchanpur	21.9	53.1	25.0	0.0
Total	14.8	20.0	23.4	41.7
Other Districts				
Dhankuta	24.0	24.0	21.9	30.2
Saptari	5.0	12.0	47.0	36.0
Sarlahi	12.1	16.2	17.2	54.5
Nuwakot	15.2	31.3	11.1	42.4
Makwanpur	13.5	17.6	10.8	48.6
Tanahu	34.7	17.3	28.6	19.4
Kaski	29.3	19.2	30.3	21.2
Rupandehi	7.1	9.1	67.7	16.2
Dang	22.1	24.2	25.3	28.4
Total	15.9	18.5	34.3	30.7

3.3 Literacy and Education

About half (51%) of the FCHVs of NFHP supported districts are illiterates which is higher (41%) than the other 9 districts. Among NFHP districts Jhapa had the highest percentage (76%) of literate FCHVs and Rautahat had the lowest (19%). In part this represents the variation in adult women's literacy in Nepal. In addition districts with younger and newer FCHVs have higher rates of literacy. In other 9 districts, the highest percentage of literate FCHVs (89%) is in Kaski district and lowest (33%) in Sarlahi district. (Figure 3.3 and Table 3.3)

Similarly on the question of educational attainment, half of the FCHVs (51%) in NFHP districts had no education (formal schooling) while slightly lower percentage (44%) had no education in other 9 districts. Among the rest of the FCHVs who reported of some schooling, higher percentage in both groups of districts had attained some secondary or higher level of education. About 15 percent of FCHVs who reported no education were found to be literate when tested. This is presumably due to the many adult literacy programs that have taken place over the years. However some FCHVs who only attended a few years of primary school were found to be illiterate.

As shown in Table 3.4 for the 17 NFHP districts, in major indicators of program performance the illiterate FCHVs are moderately lower than literate FCHVs. However, considering that their mean number of household covered is only about two-thirds that of a literate FCHV, the population based program performance would show no difference. It is clear that overall, illiterate FCHVs have proven themselves capable of doing their jobs just as well as literate FCHVs.

Figure 3.3: Literacy Rate of FCHV

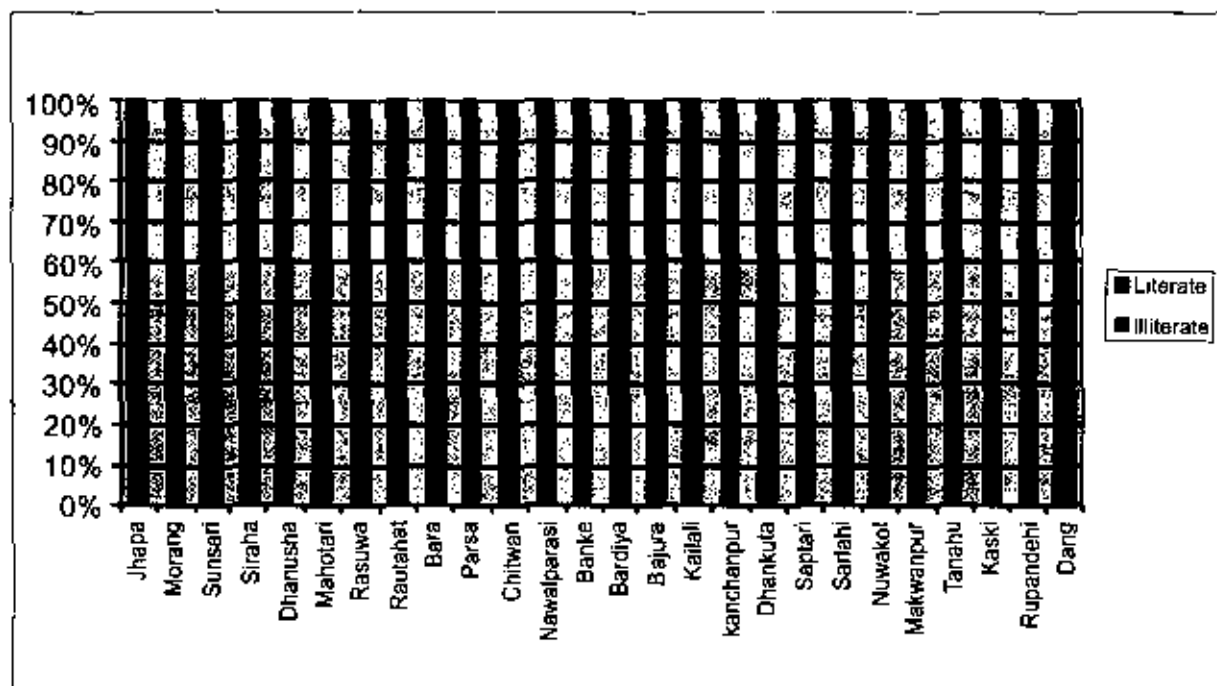


Table 3.3: Percentage distribution of FCHVs by literacy/educational status by survey districts

NFHP Districts	Literacy		Education		
	Illiterate	Literate	No education	Some Primary	Some secondary or above
Itaha	24.2	75.8	15.2	31.3	53.5
Morang	29.0	71.0	26.0	30.0	44.0
Sunsari	39.0	61.0	45.0	22.0	33.0
Siraha	56.0	44.0	48.0	17.0	35.0
Dhanuaha	71.4	28.6	61.2	16.3	22.4
Mahotari	68.7	31.3	65.7	11.1	23.2
Rasuwa	76.8	23.2	84.2	10.5	5.3
Rautahat	80.6	19.4	73.5	20.4	6.1
Bara	74.7	25.3	76.8	10.1	13.1
Parsa	77.0	23.0	78.0	14.0	8.0
Chitwan	26.8	73.2	27.8	23.7	48.5
Nawalparasi	31.3	68.7	36.4	25.3	38.4
Banke	63.6	36.4	62.6	13.1	24.2
Bardiya	28.9	71.1	40.2	25.8	34.0
Bajura	56.7	43.3	54.4	24.4	21.1
Kailali	40.4	59.6	47.5	15.2	37.4
Kanchanpur	11.7	88.3	15.6	30.2	54.2
Total	50.7	49.3	51.0	19.5	29.5
Other districts					
Dhankuta	32.3	67.7	37.5	26.0	36.5
Saptari	39.0	61.0	26.0	28.0	46.0
Sarlahi	66.7	33.3	61.6	19.2	19.2
Nuwakot	56.6	43.4	70.7	14.1	15.2
Makwanpur	56.8	43.2	62.2	29.7	8.1
Terai	25.5	74.5	28.6	38.8	32.7
Kaski	11.1	88.9	19.2	28.3	52.5
Rupandehi	52.5	47.5	51.5	16.2	32.3
Dang	29.5	70.5	36.8	24.2	38.9
Total	41.3	58.7	43.7	23.2	33.2

The Table 3.4 shows the analysis of literacy and their performance of FCHVs in 17 NFHP districts.

Table 3.4: FCHV Literacy and Performance

NFHP 17 Districts Only	Illiterate	Literate
Numbers of FCHVs surveyed	803	789
Households covered/FCHV	103	157
% 'Treatment' FCHVs	63.0	71.0
ARI cases seen	14.0	20.0
Pneumonia Rx given (Rx FCHVs only)	8.0	11.0
ORS given children	2.3	2.8
Condoms or pills given	5.0	6.0
Pregnant women counseled	16.0	17.0

Note: Recall period 1-12 months depending on service.

3.4 Caste/Ethnicity

Caste/ethnic composition of FCHVs by district is given in Figure 3.4 and Table 3.5. As is expected based on population distributions the highest number of FCHVs (19%) in Terai districts (mostly NFHP) are Terai Janjati (e.g. Tharu, Rajbansi) and Middle Caste groups.

But in the case of Hill and Mountain districts, the highest numbers of FCHVs were from Hill Janjati groups (Tamang, Magar, Gurung, Rai Limbu, and Sherpa). There are substantial numbers of Dalit (occupational) FCHVs in most districts surveyed. Six percent in NFHP districts and three percent in other districts were Muslims (Table 3.5). Overall, the impression is one of great caste/ethnic diversity among FCHVs. The above picture was further simplified to only four levels and compared to district populations (Table 3.6). The four levels are better off social groups (Brahmin and Chetri), disadvantaged groups (Dalits and Muslims considered separately) and all others. Of the 26 districts surveyed, the proportion of FCHVs in the four groups compared to population was found to be within the expected statistical range ($p > 0.05$) in 10 districts. Of the remaining 16 districts 13 had relatively low rates of Dalits and/or Muslims compared to their proportion of the population. Parsa and Rautahat actually have significantly more than the expected number of Dalit/Muslim FCHVs compared to the population. Overall about half of districts surveyed had excellent representation of the major caste/ethnic groups and half were less representative, usually due to low numbers of Dalits and Muslims.

It was notable that in Kanchanpur, which had a recent increase in its FCHVs due to switching to a population based program, did a good job of recruiting middle group FCHVs (mostly Tharu), but only 2 percent of their FCHVs are Dalits compared to 14 percent in the district population. The requirement that new FCHVs be literate may have limited opportunities for Dalits to become FCHVs. This also shows that unless the FCHV program consciously works to ensure social inclusiveness in selection, opportunities can be missed. Also, too much of an emphasis on education may reduce social inclusion. Overall, we conclude that FCHVs in most districts are representative of their populations and are very good at representing Janjati and middle caste groups in nearly all districts. They are certainly more representative than civil servants, who are heavily tilted towards favored groups and among whom Dalits and Muslims are very rarely found. However, representativeness does not always occur automatically, and when opportunities to recruit new FCHVs arise, the program managers need to look carefully at the caste/ethnic composition of the communities they will serve and ensure that disadvantaged groups have an adequate opportunity to join.

Figure 3.4: FCHV Ethnic/Caste Groups

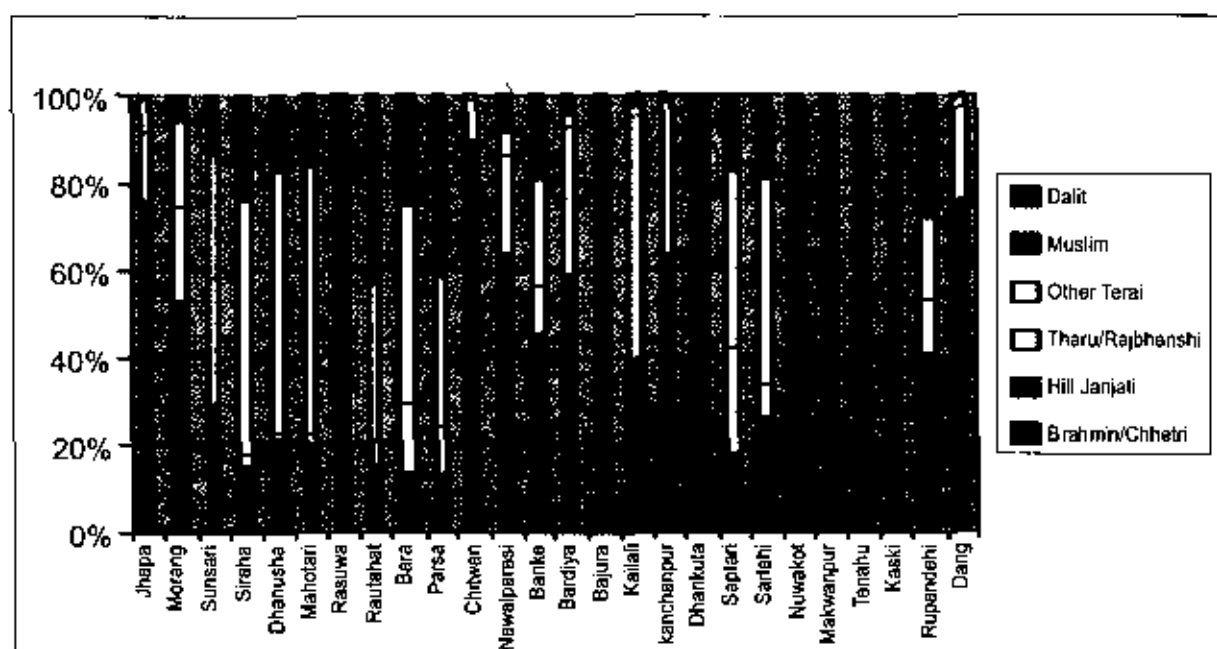


Table 3.5: Percentage distribution of FCHVs by district, according to Caste

Districts	Brabant	Chhetri	Mongolian	Tharu/ Rajbanshi	Yadav/ Ahi	Muslim	Occupational caste	Other Terai caste	Other hill caste	Total N
MFHP Districts										
Jhapa	40.4	23.2	7.1	16.2	2.0	0.0	1.0	5.1	5.1	60
Morang	20.0	14.0	14.0	21.0	1.0	0.0	6.0	19.0	5.0	79
Sunari	10.0	8.0	10.0	28.0	4.0	10.0	4.0	24.0	2.0	144
Siraha	3.0	5.0	1.0	3.0	31.0	4.0	20.0	27.0	6.0	129
Dhanusha	9.2	4.1	3.1	1.0	19.4	5.1	12.2	40.8	5.1	123
Mahotari	7.1	4.0	6.1	2.0	15.2	9.1	8.1	45.5	3.0	92
Rasurwa	10.5	1.1	85.3	0.0	0.0	0.0	1.1	0.0	2.1	33
Rautahat	4.1	4.1	2.0	5.1	6.2	13.3	29.6	28.6	5.1	123
Bara	5.1	4.0	3.0	15.2	12.1	6.1	19.2	33.3	2.0	119
Parva	2.0	5.0	3.0	11.0	5.0	24.0	18.0	29.0	3.0	100
Chitwan	35.1	21.6	20.6	9.3	0.0	0.0	0.0	1.0	12.4	55
Nawalparasi	26.3	12.1	20.2	22.2	0.0	2.0	6.1	6.1	5.1	96
Banka	13.1	16.2	6.1	11.1	3.0	15.2	4.0	21.2	10.1	90
Bardiya	28.9	23.7	5.2	34.0	2.1	0.0	4.1	1.0	1.0	113
Bajura	8.9	77.8	0.0	0.0	0.0	0.0	8.9	0.0	4.4	35
Kailali	13.1	22.2	4.0	55.6	0.0	0.0	3.0	2.0	0.0	171
Kanchanpur	20.8	32.3	8.3	34.4	0.0	0.0	2.1	0.0	2.1	101
Total	13.7	13.8	8.1	18.9	7.2	5.8	9.7	18.8	3.9	1,665
Other Districts										
Dhankuta	6.2	26.0	54.2	0.0	0.0	0.0	7.3	0.0	6.2	42
Saptari	9.0	1.0	0.0	24.0	25.0	2.0	16.0	15.0	8.0	144
Siraha	8.1	7.1	8.1	7.1	14.1	3.0	16.2	33.3	3.0	43
Nuwakot	28.3	13.1	47.5	0.0	0.0	0.0	4.0	0.0	7.1	144
Makwanpur	24.3	16.2	52.7	0.0	0.0	0.0	0.0	0.0	6.8	50
Tanahu	18.4	14.3	52.0	0.0	0.0	0.0	3.1	0.0	12.2	56
Kaski	48.5	16.2	32.3	0.0	0.0	0.0	2.0	0.0	1.0	105
Rupandehi	18.2	12.1	3.0	12.1	7.1	11.1	17.2	12.1	7.1	170
Dang	21.1	46.3	5.3	21.1	1.1	0.0	1.1	1.1	3.2	104
Total	21.7	15.9	22.7	9.3	6.4	2.7	8.5	6.7	6.1	859

Note: Mongolian - Gurung/Tamang/Sherpa/Magar/Raj/Limbu

Table 3.6: Comparison of 2001 Census population and FCHV caste/ethnic groups

District	Population Caste/Ethnic Groups				FCHVs (2005 Survey)			
	High (B/C)	Middle/Janjati	Dalit	Muslim	High (B/C)	Middle/Janjati	Dalit	Muslim
Bajura	72%	6%	22%	0%	87%	4%	9%	0%
Banka	26%	42%	11%	21%	26%	55%	4%	15%
Bara	11%	64%	11%	14%	9%	66%	19%	6%
Bardiya	25%	63%	9%	3%	53%	43%	4%	0%
Chitwan	42%	49%	8%	1%	57%	43%	0%	0%
Dang	38%	50%	11%	1%	67%	32%	1%	0%
Dhankuta	28%	65%	7%	0%	32%	61%	7%	0%
Dhanusha	9%	66%	16%	9%	13%	69%	12%	5%
Jhapa	45%	46%	6%	3%	64%	35%	1%	0%
Kailali	34%	53%	13%	1%	35%	62%	3%	0%
Kanchanpur	53%	33%	14%	0%	53%	45%	2%	0%
Kaski	48%	37%	15%	1%	65%	33%	2%	0%
Mahotari	12%	59%	15%	14%	11%	72%	8%	9%
Makwanpur	27%	69%	4%	0%	41%	60%	0%	0%
Morang	30%	57%	9%	4%	34%	60%	6%	0%
Nawalparasi	26%	58%	12%	4%	38%	54%	6%	2%
Nuwakot	36%	58%	6%	0%	41%	55%	4%	0%
Parva	13%	59%	12%	16%	7%	51%	18%	24%
Rasurwa	19%	78%	3%	0%	12%	87%	1%	0%
Rautahat	11%	57%	13%	20%	8%	49%	30%	13%

District	Population Caste/Ethnic Groups				FCHVs (2005 Survey)			
	High (B/C)	Middle/Jajati	Dalit	Muslim	High (B/C)	Middle/Jajati	Dalit	Muslim
Rupandehi	26%	54%	11%	9%	30%	41%	17%	11%
Saptari	10%	60%	21%	8%	10%	72%	16%	2%
Sarlahi	15%	64%	13%	8%	15%	66%	16%	3%
Siraha	6%	67%	19%	7%	8%	68%	20%	4%
Sunsari	20%	58%	11%	11%	18%	68%	4%	10%
Tanahu	28%	56%	14%	1%	33%	64%	3%	0%

3.5 Workloads and Attitudes Towards Work

FCHVs were asked how many days in the prior week they had done work as FCHVs and how many hours per day they spent on this work. Nearly all FCHVs reported doing some work. The median number of days worked was three and the median hours worked was two for a median total time worked of six hours per week. The survey was done in July and August and it is not known how this compares to FCHV work at other times during the year.

Average hours worked per week varied by district from a low of about four hours in Nuwakot, Kaski and Tanahu to a high of nearly ten hours per week in Jhapa. In general, FCHVs in Terai districts and NHFP districts reported heavier workloads.

When asked if they would like in the future to spend more, less or the same time working as an FCHV, overall 75 percent of FCHVs indicated they would like to spend more time and 24 percent the same time. Only 1.5 percent said they would like to spend less time as an FCHV. There was little correlation between desire to spend more time as an FCHV and current workload. In both Jhapa with the highest current workload and Nuwakot with the lowest, 95 percent of FCHVs would like to spend more time on their work. Nor was there much correlation with age, education or caste/ethnic group (Table 3.7).

Combined with their low turnover rate, the positive attitude FCHVs have towards increasing their work shows their high level of commitment to this program and their potential to take on additional life-saving tasks for their community.

Table 3.7: Percentage Distribution of FCHVs by number of days worked in the last one week, average working hour per day and willing to devote time in future

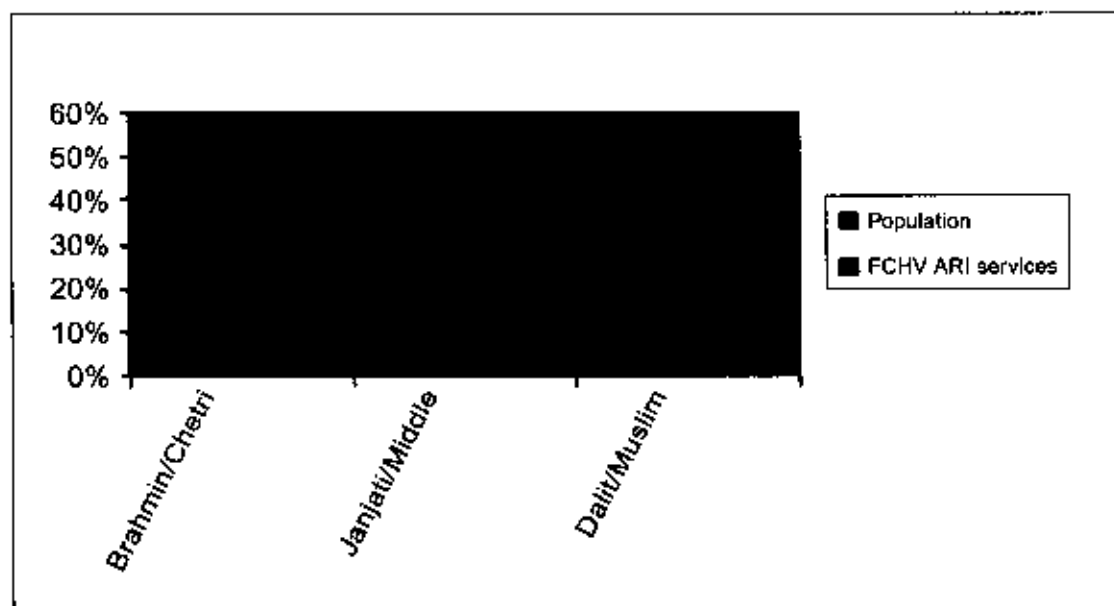
NFHP districts	No. of days worked last week					Average working hour per day				Time willing to devote in future			Total N
	No Work	1-3 days	4+ days	<1 hr	1 hr	2 hr	3+ (3-8) hr	Same	More	Less			
				hr	hr	hr	hr	hr	hr	hr			
Jhansi	0.0	17.2	82.8	0.0	27.3	48.5	24.2	2.0	94.9	3.1	60		
Meerut	1.0	24.0	75.0	16.0	30.0	21.0	33.0	29.0	67.0	4.0	79		
Sonbhadra	1.0	64.0	35.0	19.0	24.0	46.0	11.0	23.0	76.0	1.0	144		
Siraha	1.0	57.0	42.0	9.0	51.0	31.0	9.0	39.0	61.0	0.0	129		
Dhamua	3.1	38.8	58.2	8.2	23.5	45.9	22.4	42.9	56.1	1.0	123		
Maharajpur	0.0	37.4	62.6	5.1	41.4	42.4	11.1	18.2	81.8	0.0	92		
Rasawa	0.0	77.9	22.1	34.7	15.8	32.6	16.8	12.6	83.2	4.2	33		
Raigarh	1.0	50.0	49.0	1.0	9.2	46.9	42.9	30.6	68.4	2.0	123		
Bara	1.0	49.5	49.5	1.0	21.2	53.5	24.2	25.3	73.7	2.0	119		
Parsa	0.0	53.0	47.0	13.0	18.0	26.0	43.0	11.0	88.0	1.0	100		
Chitwan	2.1	51.0	46.9	23.7	42.3	29.9	4.1	22.7	77.3	0.0	55		
Nawalpuri	0.0	49.5	50.5	3.0	20.2	48.5	28.3	34.3	63.6	3.1	96		
Barke	1.0	47.5	51.5	3.0	26.3	35.4	35.4	35.4	61.6	4.0	90		
Bardiya	2.1	56.7	41.2	9.3	52.6	35.1	3.1	24.7	75.3	1.0	112		
Bajura	13.3	58.9	27.8	7.8	30.0	38.9	23.3	18.9	78.9	2.2	35		
Kailali	6.1	27.3	66.7	26.3	24.2	6.1	43.4	8.1	90.9	1.0	171		
Kanchhapur	1.0	39.6	59.4	21.9	32.3	21.9	24.0	47.4	49.5	2.1	100		
Total	1.8	46.0	53.1	11.6	28.7	35.3	24.5	26.0	72.6	1.4	1,664		
Dhankuta	3.1	60.4	36.5	12.5	37.5	37.5	12.5	32.3	65.6	2.1	42		
Saptari	0.0	44.0	56.0	32.0	29.0	42.0	17.0	9.0	91.0	0.0	144		
Siraha	4.0	65.7	30.3	3.0	32.3	53.5	11.1	31.3	66.7	2.0	43		
Nuwakot	25.5	51.0	23.5	1.0	33.3	41.4	24.2	4.0	94.9	1.0	144		
Makwajpur	0.0	48.6	51.4	0.0	20.3	44.6	35.1	21.6	77.0	1.4	50		
Tanahu	1.0	78.6	20.4	6.1	53.1	17.8	3.1	42.9	54.1	3.1	56		
Kaoshi	6.1	43.4	50.5	25.3	55.6	19.2	0.0	8.1	90.9	1.0	105		
Rupandehi	3.0	51.5	45.5	5.1	59.6	29.3	6.1	27.6	72.4	0.0	168		
Dang	2.2	72.8	25.0	18.9	43.2	32.6	5.3	10.5	89.5	0.0	104		
Total	6.3	54.5	39.5	9.7	42.4	35.7	12.2	17.1	82.1	0.8	857		

3.6 Serving the Disadvantaged

Program staff who work with the FCHV program report that, at least in some areas, FCHVs report that their clients tend to be from the poorer and more excluded portions of the community. This could be either due to a preference for better off families to use higher level health staff rather than FCHVs or due to less social distance between poor clients and FCHVs, all of whom are local residents and many of whom are also from disadvantaged groups. However, this has remained an anecdotal observation.

In order to explore this issue, in the survey FCHVs were asked the caste/ethnic group of the last three children they examined for ARI. It was expected that most FCHVs had examined at least three children with ARI in the six months prior to the survey and they would be able to remember the caste/ethnic group of the most recent three. This turned out to be the case and 92.6 percent of FCHVs provided this information. Caste/ethnic groups were collapsed into the simple groups (High=Brahmin/Chetri, Low=Dalit/Muslim, Middle=Everyone else). The numbers of children treated were weighted by the rate at which the FCHV reported seeing ARI patients. Aggregated by district this should represent the caste/ethnic breakdown of children seen for ARI by FCHVs in that district. Results by district are given in Table 3.8. In most districts the proportion of Dalit/Muslims among children seen by FCHVs is higher than their proportion in the overall population. This data was aggregated (weighted by population) for all 26 districts to produce an overall result (Figure 3.5)

**Figure 3.5: FCHVs Reach Disadvantaged Groups
(26 districts care for sick children with ARI)**



This clearly shows that FCHVs have a moderate preference for seeing more socially disadvantaged children for ARI in comparison to their presence in the overall population. It would be useful to know whether public health services in general preferentially serve the socially excluded or not. There is no service data available on this point but some information is available from the 2001 DHS survey. In this national survey about half of all children were reported to have one or more symptoms in the two weeks prior to the survey (cough, rapid breathing, fever and/or diarrhea). Disease rates in high, middle and low social groups were 47 percent, 52 percent and 57 percent respectively. When limited to ARI

(defined as both cough and rapid breathing) the rates were 21 percent, 24 percent and 24 percent. Among children with symptoms the rate of seeing a public sector provider (mostly sub-health posts and health posts with some PHC and hospitals) were 22 percent, 19 percent and 16 percent respectively. In summary, children in better off social groups were less likely to be ill in the prior two weeks, but were more likely to seek care from a government provider if they were. Multiplying these two factors, the proportion of high, middle and low social groups who would go to a public provider in the prior two weeks would be 10.3 percent, 9.9 percent and 9.1 percent. This shows a higher rate of utilization by higher social groups, just the opposite of what we see from FCHV services.

Although the comparison data has important limitations (it is from a national survey and is for all illnesses, not just ARI), it appears to demonstrate that public services somewhat favor better off social groups while this survey's data show that FCHV services favor worse off social groups. This shows that FCHV services are particularly valuable, not only in themselves, but for the fact that they go to those that need them most and who are less likely to be served by the public health facilities.

Table 3.8: Percentage Distribution of FCHVs for case of the under 5 children with cold and cough examined in last 6 months by Background Characteristics

NFHP Districts	Case of the last three under 5											Other hill case		Total N	
	Brahmin	Chhetri	Newar	Mongolian			Tharu/ Rajbanshi	Yadav/ Abir	Muslim/ Chaurane	Occupational case	Other Terai case	Other	Blajet		
				Gurung	Tamang/ Sherpa	Magar									Rai/ Limbu
Jhapa	37.6	38.7	7.5	2.2	1.1	8.6	32.3	97.8	4.3	4.3	36.6	18.3	7.5	3.2	57
Morang	37.2	21.3	6.4	1.1	3.2	8.5	34.0	87.2	2.1	4.3	38.3	50.0	4.3	0.0	74
Suonari	5.3	7.9	1.3	1.3	0.0	0.0	11.8	73.7	11.8	44.7	52.6	86.8	0.0	2.6	100
Siraha	4.3	3.1	0.0	0.0	0.0	5.3	0.0	11.7	64.9	23.4	92.6	86.2	3.2	0.0	121
Dhanusha	11.2	5.1	1.0	0.0	6.1	3.1	2.0	4.1	35.1	17.3	73.5	114.3	3.1	0.0	123
Mahottari	4.3	3.2	1.1	0.0	3.2	10.6	0.0	6.4	42.6	30.9	95.7	100.0	0.0	2.1	88
Rasura	25.3	3.4	1.1	19.5	233.3	0.0	0.0	0.0	0.0	0.0	5.7	0.0	0.0	0.0	30
Rautahat	6.4	1.1	0.0	0.0	3.2	4.3	2.1	16.0	30.9	41.5	97.9	94.7	0.0	0.0	118
Bara	6.5	6.5	1.1	0.0	8.7	2.2	1.1	38.0	26.1	42.4	64.1	93.5	2.2	0.0	111
Parsa	2.2	1.1	2.2	0.0	5.5	1.1	0.0	27.5	12.1	75.8	58.2	102.2	3.3	1.1	91
Chitwan	60.4	41.8	4.4	25.3	13.4	16.5	1.1	33.0	0.0	1.1	44.0	2.2	52.7	0.0	51
Nawalparasi	28.9	23.3	1.1	6.7	1.1	51.1	1.1	66.7	1.1	20.0	60.0	23.3	5.6	0.0	88
Baitadi	10.4	39.6	0.0	3.1	0.0	11.5	0.0	34.4	12.5	62.5	42.7	66.7	1.0	0.0	87
Bardiya	21.4	35.7	3.6	1.2	0.0	6.0	0.0	186.9	0.0	2.4	29.8	0.0	3.6	0.0	98
Bajura	12.8	202.3	0.0	1.2	0.0	0.0	0.0	0.0	0.0	2.3	74.4	0.0	5.8	0.0	34
Kailasi	18.1	31.9	0.0	0.0	0.0	8.5	0.0	194.7	3.2	0.0	39.4	1.1	0.0	0.0	163
Kanchanpur	33.0	69.1	0.0	1.1	5.3	6.4	1.1	126.6	0.0	0.0	44.7	0.0	7.4	0.0	99
Total	16.5	23.8	3.5	2.2	7.6	8.3	4.2	67.6	19.1	24.1	59.0	56.1	4.3	8.5	1542
Dhankuta	7.3	69.5	6.1	1.2	24.4	19.5	134.1	0.0	0.0	0.0	35.4	0.0	0.0	1.2	36
Saptari	8.0	0.0	2.0	0.0	0.0	0.0	3.0	47.0	44.0	18.0	105.0	71.0	1.0	0.0	144
Siraha	3.2	7.5	4.3	0.0	19.4	6.5	0.0	10.8	32.3	26.9	81.7	97.8	5.4	0.0	61
Majadara	51.2	25.6	16.3	8.1	141.9	5.8	5.8	0.0	0.0	0.0	24.4	0.0	1.2	0.0	125
Makwanpur	41.1	45.2	8.2	2.7	147.9	17.8	1.4	0.0	0.0	0.0	12.3	0.0	19.2	0.0	50
Tanahna	34.0	46.6	18.6	45.4	0.0	84.5	0.0	0.0	0.0	2.1	52.7	0.0	8.2	1.0	56
Kaili	94.0	38.6	1.2	51.8	1.2	10.8	1.2	0.0	0.0	0.0	85.5	0.0	8.4	0.0	88
Rupandehi	16.5	13.4	0.0	0.0	0.0	12.4	0.0	46.4	15.5	51.5	63.9	68.0	1.9	0.0	166
Dang	25.9	84.7	1.2	0.0	0.0	29.4	0.0	97.6	3.5	1.2	26.5	2.4	5.9	0.0	93
Total	31.7	38.5	5.3	18.4	33.6	16.3	7.7	30.0	13.2	15.6	60.3	32.2	4.3	0.1	799

Table 3.8: Percentage Distribution of FCHVs for case of the under 5 children with ccd and cough examined in last 6 months by Background Characteristics

NFHP districts	Cases of the last three years-3													Total N	
	Baramulla	Chabutti	Nawar	Mongolpa				Tharu/ Ba Jemachi	Yadav/ A.Mr	Mishra/ Chauraha	Occupational caste	Other Total caste			
				Garing	Tanning/ Sherya	Magar	Raf/ Limbu					Other	Shajid		
Jhapa	37.6	38.7	7.5	2.2	1.1	8.6	32.2	97.8	4.3	4.3	36.6	18.3	7.5	3.2	57
Mozang	37.2	21.2	6.4	1.1	3.2	8.5	34.0	87.2	2.1	4.3	38.3	50.0	4.3	0.0	74
Sergari	5.3	7.9	1.3	1.3	0.0	0.0	11.8	73.7	31.8	44.7	52.6	86.8	0.0	2.6	109
Sinpha	4.3	1.1	0.0	0.0	0.0	2.3	0.0	11.7	64.9	23.4	92.6	86.2	3.2	0.0	121
Dhanrajm	11.2	5.1	1.0	0.0	6.1	3.1	2.0	4.1	55.1	17.3	73.5	114.3	3.1	0.0	123
Mahisari	4.3	3.2	1.1	0.0	3.2	10.6	0.0	6.4	42.6	30.9	95.7	100.0	0.0	2.1	38
Rangun	25.3	3.4	1.1	19.5	23.3	0.0	0.0	0.0	0.0	0.0	5.7	0.0	0.0	0.0	30
Kaunab	6.4	1.1	0.0	0.0	3.2	4.3	2.1	16.0	30.9	41.5	97.9	94.7	0.0	0.0	118
Bazi	6.5	6.5	3.1	0.0	8.7	2.2	1.1	38.0	26.1	47.4	64.1	91.5	2.2	0.0	111
Pwsh	2.2	1.1	2.2	0.0	5.5	1.1	0.0	27.5	12.1	75.8	58.2	102.2	3.2	1.1	91
Chivras	60.4	41.8	4.4	25.3	15.4	16.5	1.1	33.0	0.0	1.1	44.0	2.2	52.7	0.0	51
Nagapuzasi	28.9	23.3	1.1	6.7	1.1	51.1	1.1	66.7	1.1	20.0	60.0	23.3	5.6	0.0	88
Birak	10.4	39.6	0.0	3.1	0.0	11.5	0.0	34.4	12.5	62.5	62.7	66.7	1.0	0.0	87
Bardua	21.4	35.7	3.6	1.2	0.0	6.0	0.0	186.9	0.0	2.4	29.8	0.0	3.6	0.0	98
Bajras	12.8	202.3	0.0	1.2	0.0	0.0	0.0	0.0	0.0	2.3	74.4	0.0	5.8	0.0	34
Kalali	18.1	31.9	0.0	0.0	0.0	8.5	0.0	194.7	3.2	0.0	39.4	1.1	0.0	0.0	163
Kaachigar	33.0	69.1	0.0	1.1	5.3	6.4	1.1	126.6	0.0	0.0	44.7	0.0	7.4	0.0	99
Total	16.5	23.8	1.9	2.2	7.6	8.3	4.2	67.6	19.1	24.1	99.8	96.1	4.3	0.5	1,542
Dhasona	7.3	69.5	6.1	1.2	24.4	19.5	134.1	0.0	0.0	0.0	35.4	0.0	0.0	1.2	36
Sopori	8.0	0.0	2.0	0.0	0.0	0.0	3.0	47.0	44.0	18.0	106.0	71.0	1.0	0.0	144
Sargaji	3.2	7.5	4.3	0.0	19.4	6.5	0.0	10.8	32.3	26.9	81.7	97.8	5.4	0.0	41
Nuwakot	51.2	25.6	16.3	8.1	141.9	5.8	5.8	0.0	0.0	0.0	24.4	0.0	1.2	0.0	125
Malyanagar	41.1	45.2	8.2	2.7	147.9	37.8	1.4	0.0	0.0	0.0	12.3	0.0	19.2	0.0	50
Tawalim	34.0	46.4	18.6	45.4	0.0	84.5	0.0	0.0	0.0	2.1	55.7	0.0	8.2	1.0	56
Kandy	94.0	38.6	1.2	51.8	1.2	10.8	1.2	0.0	0.0	0.0	85.5	0.0	8.4	0.0	88
Rupnabadi	16.5	13.4	0.0	0.0	0.0	12.4	0.0	46.4	13.5	51.5	63.9	68.0	1.0	0.0	166
Daug	25.9	84.7	3.2	0.0	0.0	29.4	0.0	97.6	3.5	1.2	36.5	2.4	5.9	0.0	93
Total	31.7	30.5	5.5	10.4	33.6	16.3	7.7	38.0	13.2	15.6	68.3	32.2	4.2	8.1	799

CHAPTER – IV COMMODITIES AVAILABLE WITH FCHV

FCHVs carry a number of key commodities and job aides needed to carry out their work. This chapter reviews all commodities asked about in the survey. Many of these commodities are reviewed again in later chapters when talking about specific programs (e.g. CB-IMCI, maternal care, family planning).

4.1 Commodities Available with FCHVs

Table 4.1 shows availability of four key commodities with the FCHVs at the time of survey. This is also a performance indicator of the Nepal Family Health Program. The four key commodities include condoms, pills, ORS and cotrim (for "treatment" FCHVs only). About 55 percent of FCHVs of NFHP program districts had all four commodities at the time of interview while less than one fifth of total FCHVs of the districts supported by other organization had all four commodities. High variation, however, is observed across the districts. For example, the percentage of FCHVs having all four commodities in NFHP districts ranged from 14 percent in Bajura district to 88 percent in Jhapa district. Overall, FCHVs were least likely to have ORS packet and most likely to have cotrim but this varies by district. The FCHVs having ORS packet ranged highest in Jhapa district (99%) to the lowest (33%) in Rautahat district. Likewise FCHVs having Cotrim is highest in Morang district and lowest in Bajura district.

Table 4.1: Percentage distribution of FCHVs who had four commodities (Condom, Pill, ORS Packets, and Cotrim) available during interview, by district, according to type of FCHV

		ALL FCHVs				Treatment FCHVs			All FCHVs 3 or 4 commodities
		Condom	Pill	ORS packet	N	Cotrimoxa zole- Pediatric	All four	N	
NFHP districts	Jhapa	89.9	94.9	99.0	60	94.7	87.7	35	83.8
	Morang	93.0	95.0	94.0	79	99.0	85.0	79	85.0
	Sunsari	84.0	76.0	86.0	144	87.1	62.9	101	54.0
	Siraha	90.0	88.0	66.0	129	98.4	54.1	79	58.0
	Dharusha	88.8	82.7	83.7	123	92.7	52.7	69	59.2
	Mahotari	79.8	80.8	65.7	92	83.9	50.0	52	46.5
	Rasuwa	71.6	81.1	74.7	33	83.8	50.0	28	50.5
	Rautahat	73.5	67.3	32.7	123	65.2	18.2	83	21.4
	Bara	93.9	85.9	54.5	119	69.9	39.7	88	37.4
	Parsa	89.0	87.0	69.0	100	89.2	62.2	74	58.0
	Chitwan	94.8	94.8	93.8	55	95.3	82.6	49	82.5
	Nawalparasi	81.8	85.9	91.9	96	90.1	64.8	69	65.7
	Banke	76.8	75.8	73.7	90	82.7	55.8	47	53.5
	Bardiya	80.4	68.0	70.1	113	96.4	53.6	33	41.2
	Bajura	34.4	64.4	41.1	35	45.5	13.6	35	13.3
	Kailali	84.8	76.8	77.8	171	87.2	56.4	68	60.6
Kanchanpur	91.7	87.5	90.6	101	97.3	67.6	39	72.9	
Total		84.3	81.3	73.9	1,665	85.8	55.9	1,026	55.1

		ALL FCHVs			N	Treatment FCHVs			All FCHVs 3 or 4 commodities
		Condom	Pill	ORS packet		Cotrimoxazole- Pediatric	All four	N	
Other Districts	Dhankuta	25.0	35.4	63.5	42	76.9	11.0	40	10.4
	Saptari	50.0	47.0	38.0	144	92.2	17.2	92	14.0
	Sarlahi	8.1	6.1	61.6	43	97.6	2.4	18	3.0
	Nuwakot	31.3	35.4	39.4	144	25.6	2.6	113	4.0
	Makwanpur	70.3	73.0	63.5	50	78.6	37.1	48	35.1
	Tanahu	23.5	41.8	75.5	56	97.9	20.6	56	20.4
	Kaakt	43.4	46.5	84.8	105	88.1	29.9	71	27.3
	Rupandehi	43.4	50.5	70.7	170	80.6	22.2	62	24.2
Dang	29.5	33.7	65.3	104	96.7	18.3	66	16.8	
Total		38.4	42.6	60.1	859	76.1	17.6	566	17.3

The overall results in other nine districts shows lower level of the availability of all four commodities. Among the districts, highest percentage of FCHVs in Makwanpur (37%) reported the availability of all four commodities while the lowest percentage of FCHVs reported of the same in Sarlahi and Nuwakot (about 3% in each district). Likewise, FCHVs in these districts were least likely to have condom and most likely to have cotrim in overall cases. The percentage of FCHVs having cotrim is lowest (26%) in Nuwakot and the highest (98 %) in Tanahu District (Table 4.1).

4.2 Reasons for not having Condoms

Sixteen percent of FCHVs in NFHP program districts and 62 percent in other 9 districts had no condom at the time of interview (Table 4.1). Table 4.2 shows the reasons of not having condoms with FCHVs. About 26 percent of the FCHVs in NFHP program districts and 46 percent in other program districts reported that they do not need the condoms or there are no clients who come to get condoms. The majority of the FCHVs in both NFHP and other districts said that there is no supply of condom from the concerned authority as the reason for non-availability of condoms with them. All FCHVs having no condoms from Bara, Chitwan and Kanchanpur said that the main reason for not having condoms is lack of supply. The percentage of FCHVs reporting no clients as the reason ranged from 7 percent in Kailali to 80 percent in Jhapa in NFHP districts and 14 percent in Sarlahi to 82 percent in Dhankuta in other 9 districts (Table 4.2).

Table 4.2: Percentage distribution of FCHVs who did not have condom, by districts, according to reasons for not having condom

		Reason for not having Condom		Total	
		Not needed/no clients	No supply/stock out	N	%
NFHP districts	Jhapa	80.0	20.0	6	100.0
	Morang	42.9	57.1	6	100.0
	Sunsari	75.0	25.0	23	100.0
	Siraha	10.0	90.0	13	100.0
	Dhanusha	27.3	72.7	14	100.0
	Mahotari	15.0	85.0	19	100.0
	Rasuwa	23.1	76.9	9	100.0
	Rautahat	19.2	80.8	33	100.0
	Bara	0.0	100.0	7	100.0
	Parsha	18.2	81.8	11	100.0
	Chitwan	0.0	100.0	3	100.0
	Nawalparasi	61.1	38.9	18	100.0
	Banke	30.4	69.6	21	100.0
	Bardiya	15.8	84.2	22	100.0
	Bajura	16.9	83.1	23	100.0
Kailali	6.7	93.3	26	100.0	
Kanchanpur	0.0	100.0	8	100.0	
Neither/DK	78.5	21.5	4	100.0	
Total		26.4	73.6	261	100.0

		Reason for not having Condom		Total	
		Not needed/no clients	No supply/stock out	N	%
Other districts	Dhankuta	82.5	17.5	25	100.0
	Saptari	34.0	66.0	72	100.0
	Sarlahi	14.3	85.7	40	100.0
	Nuwakot	55.9	44.1	99	100.0
	Makwanpur	45.5	54.5	15	100.0
	Tanahu	62.7	37.3	43	100.0
	Kaski	62.5	37.5	60	100.0
	Rupandehi	48.2	51.8	96	100.0
	Dang	20.9	79.1	73	100.0
Total	45.7	54.3	523	100.0	

4.3 Reasons for not having Pills

The survey results presented in Table 4.3 shows that 32 percent in NFHP and 46 percent in other nine districts said 'not needed' as the reason for not having pills and rest of the FCHVs said that their stock was out and there was no supply. The percentage of the FCHVs giving this response ranges from 40 percent in Jhapa to 85 percent in Parsa district. In other 9 districts, the lowest number of FCHVs in Dhankuta (22.9%) and highest number in Sarlahi (78.5%) districts reported 'no supply' as the reason for not having pills.

Table 4.3: Percentage distribution of FCHVs who did not have pills, by districts, according to reasons for not having pills

		Reason for not having oral PII		Total	
		Not needed/no clients	No supply/stock out	N	%
NFHP districts	Jhapa	60.0	40.0	3	100.0
	Morang	20.0	80.0	4	100.0
	Sunari	20.8	79.2	35	100.0
	Siraha	33.3	66.7	15	100.0
	Dharmaha	35.3	64.7	21	100.0
	Mahotari	31.6	68.4	18	100.0
	Rasuwa	16.7	83.3	6	100.0
	Rautahat	34.4	65.6	40	100.0
	Bara	21.4	78.6	17	100.0
	Parsa	15.4	84.6	13	100.0
	Chitwan	20.0	80.0	3	100.0
	Nawalparasi	50.0	50.0	14	100.0
	Banke	20.8	79.2	22	100.0
	Bardiya	54.8	45.2	36	100.0
	Bajura	25.0	75.0	13	100.0
	Kailali	30.4	69.6	40	100.0
Kanchanpur	27.3	72.7	12	100.0	
Total	31.8	68.2	311	100.0	
Other districts	Dhankuta	77.1	22.9	21	100.0
	Saptari	30.2	69.8	76	100.0
	Sarlahi	21.5	78.5	41	100.0
	Nuwakot	50.0	50.0	93	100.0
	Makwanpur	30.0	70.0	14	100.0
	Tanahu	60.7	39.3	32	100.0
	Kaski	71.7	28.3	56	100.0
	Rupandehi	57.1	42.9	84	100.0
	Dang	23.8	76.2	69	100.0
Total	45.9	54.1	486	100.0	

4.4 Reasons for not having Cotrim

The number of FCHVs without Cotrim is highest (N=113) in Kailali and the lowest (N=1) in Morang district. Overall, the reason of 'no supply' is found to be highest (18 %) in all districts in NFHP area and 29 percent in other program districts. It should also be noted that 81 percent FCHVs in NFHP districts and 68 percent in other districts were in the "referral FCHV" category and so they are not expected to have cotrim (Table 4.4).

Table 4.4: Percentage distribution of FCHVs who did not have Cotrim, by districts, according to reasons for not having Cotrim

		Reason for not having Cotrimoxazole-Pediatric			Total	
		Not needed/no clients	No supply/stock out	Referral FCHV	N	%
NFHP districts	Jhapa	0.0	6.7	93.3	27	100.0
	Morang	0.0	100.0	0.0	1	100.0
	Sunsari	10.3	23.1	66.7	56	100.0
	Siraha	0.0	2.5	97.5	52	100.0
	Dhanusha	2.2	4.3	93.5	58	100.0
	Mahotari	5.9	15.7	78.4	48	100.0
	Rasuwa	3.6	42.9	53.6	10	100.0
	Rautahat	0.0	40.7	59.3	68	100.0
	Bara	0.0	45.8	54.2	58	100.0
	Parsa	0.0	23.5	76.5	34	100.0
	Chitwan	0.0	28.6	71.4	8	100.0
	Nawalparasi	5.9	17.6	76.5	33	100.0
	Banke	0.0	16.1	83.9	51	100.0
	Bardiya	0.0	1.4	98.6	82	100.0
	Bajura	2.0	98.0	0.0	19	100.0
Kailali	0.0	7.7	92.3	113	100.0	
Kanchanpur	0.0	1.7	98.3	63	100.0	
Total		1.6	17.9	80.5	779	100.0
Other districts	Dhankuta	26.3	52.6	21.1	8	100.0
	Saptari	0.0	12.2	87.8	59	100.0
	Sarlahi	0.0	1.7	98.3	25	100.0
	Nuwakot	3.8	70.5	25.6	113	100.0
	Makwanpur	15.8	63.2	21.1	13	100.0
	Tanahu	0.0	100.0	0.0	1	100.0
	Kaski	0.0	25.0	75.0	38	100.0
	Rupandehi	1.4	8.6	90.0	120	100.0
Dang	0.0	5.4	94.6	40	100.0	
Total		2.5	29.4	68.1	419	100.0

4.5 Reasons for not having ORS Packets

Very low percentage of FCHVs in all survey districts said 'no need' as the reason for not having ORS packets with them. All FCHVs in several of these districts reported 'no supply' as the main reason for not having ORS packets (Table 4.5). It is interesting to note that 14 percents of FCHVs of Sunsari and 8.3 percents of Rasuwa district in NFHP area have not needed ORS. In other districts too its percent is higher in Kaski district (6.7 %).

Table 4.5: Percentage distribution of FCHVs who did not have ORS, by districts, according to reasons for not having ORS packets

		Reason for not having ORS packet		Total	
		Not needed/no clients	No supply/stock out	N	%
NFHP districts	Jhapa	0.0	100.0	1	100.0
	Morang	0.0	100.0	5	100.0
	Sunsari	14.3	85.7	20	100.0
	Siraha	0.0	100.0	44	100.0
	Dhanusha	7.1	92.9	18	100.0
	Mahotari	3.0	97.0	31	100.0
	Rasuwa	8.3	91.7	8	100.0
	Rautahat	1.5	98.5	83	100.0
	Bara	0.0	100.0	52	100.0
	Parva	0.0	100.0	31	100.0
	Chitwan	0.0	100.0	3	100.0
	Nawalparasi	0.0	100.0	8	100.0
	Banke	0.0	100.0	24	100.0
	Bardiya	0.0	100.0	34	100.0
	Bajura	0.0	100.0	21	100.0
	Kailali	0.0	100.0	38	100.0
	Kanchanpur	0.0	100.0	9	100.0
Total		1.6	98.4	429	100.0
Other districts	Dhankuta	0.0	100.0	11	100.0
	Saptari	3.2	96.8	89	100.0
	Sarlahi	2.6	97.4	17	100.0
	Nuwakot	0.0	100.0	79	100.0
	Makwanpur	0.0	100.0	18	100.0
	Tanahu	4.3	95.7	13	100.0
	Kaski	6.7	93.3	16	100.0
	Rupandehi	0.0	100.0	50	100.0
	Dang	0.0	100.0	36	100.0
Total		1.5	98.5	329	100.0

4.6 Availability of Vitamin A Related Commodities and Iron Tablet

Table 4.6 shows the availability of Vitamin A, Vitamin A register, Vitamin A and Nutrition Flip chart and Iron tablets by the FCHVs. Overall, 68 percent FCHVs in NFHP districts had Vitamin A capsules with them. Highest number of FCHVs (94%) of Nawalparasi and the lowest number (41%) in Banke district had Vitamin A capsules. The percentage of the same varies between the lowest (8%) in Sarlahi to the highest (65%) in Saptari in the other 9 districts. FCHVs from Nawalparasi district were found to be well off in having Vitamin A related materials. About 99 percent of the FCHVs in this district had Vitamin A register and 94 percent had Vitamin A and Nutrition Flip charts. The lowest percentage of FCHVs in Sunsari district reported of having Vitamin A register and the Flip chart. In other nine districts, the lowest percentage of FCHVs from Sarlahi district reported of having all three commodities (Table 4.6).

Similarly, 60 percent of FCHVs in NFHP districts and 32 percent in other nine districts had Iron tablets available at the time of the interview. The percentage of FCHVs having Iron tablets is highest (97%) in Siraha district and lowest in Bardiya district (6%). Similarly in other 9 districts, the percentage of FCHVs having these tablets varies from 4 percent in Sarlahi district to 76 percent in Saptari district (Table 4.6).

Table 4.6 : Percentage Distribution of all FCHVs, by district, according to availability of Vitamin A related commodities and Iron Tablets at the time of interview

		Availability of				Total N
		Vitamin A Capsules	Vitamin A Register	Vitamin A & Nutrition Filechart	Iron Tablet	
NFHP districts	Jhapa	88.9	97.0	57.6	93.9	60
	Morang	92.0	93.0	74.0	96.0	79
	Sunsari	65.0	61.0	20.0	83.0	144
	Siraha	51.0	81.0	51.0	97.0	129
	Dhanusha	71.4	80.6	34.7	88.8	123
	Mahotari	61.6	80.8	38.4	77.8	92
	Rasuwa	70.5	82.1	69.5	82.1	33
	Rautahat	44.9	94.9	61.2	19.4	123
	Bara	60.6	88.9	52.5	71.7	119
	Parva	73.0	91.0	74.0	79.0	100
	Chitwan	83.5	40.2	80.4	93.8	55
	Nawalparasi	93.9	99.0	93.9	69.7	96
	Banke	41.4	46.5	49.5	41.4	90
	Bardiya	57.7	66.0	52.6	6.2	113
	Bajura	50.0	74.4	55.6	56.7	35
	Kailali	78.8	86.9	63.6	15.2	171
Kanchanpur	80.2	86.5	70.8	13.5	101	
Total		67.7	80.2	56.4	59.8	1,665
Other districts	Dhankuta	26.0	76.0	61.5	25.0	42
	Septari	65.0	95.0	45.0	76.0	144
	Sarlahi	8.1	54.5	12.1	4.0	43
	Nuwakot	25.3	78.8	58.6	27.3	144
	Makwanpur	56.8	89.2	74.3	43.2	50
	Tanahu	62.2	77.6	56.1	21.4	56
	Kaski	50.5	56.6	45.5	58.6	105
	Rupandehi	40.4	63.6	43.4	5.1	170
	Dang	38.9	70.5	54.7	11.6	104
Total		43.1	74.0	49.8	32.2	859

4.7 Availability of other Commodities

About 94 percent and 86 percent of FCHVs in NFHP districts had FCHV register and referral book respectively. The percentage of FCHVs in Morang district was highest in having such commodities. Similarly, 89 percent and 96 percent of FCHVs in other 9 districts had FCHV register and referral book respectively (Table 4.7).

Table 4.7 : Percentage distribution of FCHVs, by district, according to availability of specific materials at the time of Survey

		Availability of				
		FCHV Register	Referral book	FCHV Flipchart	Blue plastic cup	Total
NFHP districts	Jhapa	94.9	80.8	86.9	68.7	60
	Morang	100.0	93.0	71.0	76.0	79
	Sunsari	77.0	69.0	78.0	53.0	144
	Siraha	94.0	89.0	81.0	36.0	129
	Dhanusha	95.9	88.8	84.7	62.2	123
	Mahotari	91.9	89.9	62.6	48.5	92
	Rasuwa	93.7	86.3	86.3	45.3	33
	Rautahat	94.9	73.5	90.8	45.9	123
	Bara	93.9	78.8	85.9	65.7	119
	Parasa	88.0	80.0	87.0	69.0	100
	Chitwan	87.6	78.4	88.7	82.5	55
	Nawalparasi	99.0	86.9	88.9	89.9	96
	Banke	93.9	92.9	82.8	70.7	90
	Bardiya	96.9	92.8	99.0	86.6	113
	Bajura	91.1	83.3	74.4	75.6	35
	Kailali	98.0	92.9	94.9	76.8	171
Kanchanpur	99.0	99.0	87.5	85.4	101	
Total		93.5	85.6	85.0	66.2	1,665
Other districts	Dhankuta	99.0	92.7	17.7	29.2	42
	Saptari	99.0	100.0	17.0	17.0	144
	Sarlahi	61.6	100.0	7.1	99.0	43
	Nuwakot	89.9	88.9	54.5	62.6	144
	Makwanpur	100.0	91.9	85.1	54.1	50
	Tanahu	89.8	99.0	43.9	20.4	56
	Kaski	87.9	94.9	79.8	31.3	105
	Rupandehi	85.9	96.0	73.7	34.3	170
	Dang	83.2	98.9	49.5	33.7	104
Total		89.2	95.7	51.4	39.9	859

4.8 Types of FCHVs

Table 4.8 shows the type of FCHVs included in the survey. About 62 percent of FCHVs in NFHP area and 66 percent in other 9 districts were Treatment FCHV. All FCHVs surveyed in Morang District and 29 percent in Bardia district were in Treatment category. Likewise, 66 percent and 34 percent FCHVs respectively were of Treatment and Referral category in other program districts. Amongst the districts, the highest percentages (99%) of them were in Tanahu and the lowest (36 %) in Rupandehi district (Table 4.8).

Table 4.8: Percentage distribution of FCHVs, by districts, according to type of FCHVs treatment or referral

		Type of FCHV			Total	
		Treatment	Referral	Neither/DK	%	N
NFHP Districts	Jhapa	57.6	41.4	1.0	100.0	60
	Morang	100.0	0.0	0.0	100.0	79
	Sunsari	70.0	26.0	4.0	100.0	144
	Siraha	61.0	39.0	0.0	100.0	129
	Dhanusha	56.1	43.9	0.0	100.0	123
	Mahotari	56.6	40.4	3.0	100.0	92
	Rasuwa	84.2	15.8	0.0	100.0	33
	Rautahar	67.3	32.7	0.0	100.0	123
	Bara	73.7	26.3	0.0	100.0	119
	Parsa	74.0	26.0	0.0	100.0	100
	Chitwan	88.7	10.3	1.0	100.0	55
	Nawalparasi	71.7	26.3	2.0	100.0	96
	Banke	52.5	47.5	0.0	100.0	90
	Bardiya	28.9	71.1	0.0	100.0	113
	Bajura	97.8	0.0	2.2	100.0	35
Kailali	39.4	60.6	0.0	100.0	171	
Kanchanpur	38.5	61.5	0.0	100.0	101	
Total	61.6	37.7	0.7	100.0	1,665	
Other Districts	Dhankuta	94.8	4.2	1.0	100.0	42
	Saptari	64.0	36.0	0.0	100.0	144
	Sarlahi	42.4	57.6	0.0	100.0	43
	Nuwakot	78.8	21.2	0.0	100.0	144
	Makwanpur	94.6	5.4	0.0	100.0	50
	Tanahu	99.0	1.0	0.0	100.0	56
	Kaski	67.7	28.3	4.0	100.0	105
	Rupandehi	36.4	63.6	0.0	100.0	170
	Dang	63.2	36.8	0.0	100.0	104
Total	65.9	33.6	0.5	100.0	859	

4.9 Commodities Available with Treatment FCHVs and Referral FCHVs

Table 4.9 shows the commodities such as classification card, ARI timer and Home Therapy card available with the FCHVs at the time of the survey. More than 80 percent of all FCHVs in NFHP area had such commodities. Likewise more than 90 percent of FCHVs in other 9 districts had such commodities.

The survey results further shows that more than 94 percent of Treatment FCHVs had treatment book available with them. All the FCHVs from Jhapa, Mahotari, Nawalparasi and Kanchanpur districts had such book. Eighty-nine percent of treatment FCHVs in NFHP districts and more than 94 percent in other 9 districts had Cotrim dose card. All FCHVs from Bardiya and Kanchanpur of NFHP districts and Saptari of other 9 districts reported to have cotrim dose card at the time of the survey (Table 4.9).

Table 4.9: Percentage distribution of FCHVs, background characteristics, according to availability of ARI related commodities at the time of interview

		All FCHVs				Treatment FCHVs only		
		Classification card	ARI Timer (working)	Home therapy card	Total	Treatment book	Cotrim dose card	N
NFHP districts	Jhapa	73.7	90.9	65.7	60	100.0	78.9	35
	Morang	78.0	89.0	72.0	79	98.0	81.0	79
	Sunsari	34.0	58.0	49.0	144	87.1	72.9	101
	Siraha	82.0	77.0	77.0	129	95.1	93.4	79
	Dhanusha	90.8	90.8	88.8	123	96.4	94.5	69
	Mahotari	85.9	75.8	81.8	92	100.0	92.9	52
	Rasuwa	87.4	71.6	89.5	33	95.0	95.0	28
	Rautahat	75.5	56.1	81.6	123	93.9	92.4	83
	Bera	77.8	73.7	89.9	119	87.7	86.3	88
	Parva	81.0	72.0	82.0	100	93.2	90.5	74
	Chitwan	78.4	82.5	72.2	55	94.2	81.4	49
	Nawalparasi	83.8	83.8	83.8	96	100.0	94.4	69
	Banke	88.9	97.0	89.9	90	88.5	88.5	47
	Bardiya	95.9	83.5	96.9	113	92.9	100.0	33
Hajura	84.4	87.8	81.1	35	96.6	88.6	35	
Kailali	91.9	91.9	87.9	171	94.9	92.3	68	
Kanchanpur	97.9	90.6	96.9	101	100.0	100.0	39	
Total		80.8	79.9	81.6	1,665	94.3	88.6	1,026
Other districts	Dhankuta	93.8	94.8	90.6	42	94.5	96.7	40
	Saptari	99.0	99.0	98.0	144	100.0	100.0	92
	Sarlahi	100.0	99.0	100.0	43	97.6	97.6	18
	Nowakot	81.8	70.7	87.9	144	85.9	88.5	113
	Makwanpur	73.0	77.0	78.4	50	92.9	92.9	48
	Tanahu	100.0	99.0	100.0	56	96.9	97.9	56
	Kaski	88.9	91.9	90.9	105	92.5	89.6	71
	Rupandehi	91.9	98.0	97.0	170	100.0	97.2	62
Dang	97.9	97.9	97.9	104	96.7	95.0	66	
Total		91.7	91.6	93.9	859	94.5	94.4	566

CHAPTER - V

MONITORING AND SUPERVISION OF FCHV ACTIVITIES

Information related to the level of participation of FCHVs in health facility meetings and the extent of reporting of their activities to the supervisors/local health facility was collected in the survey. In addition, information on the extent of interaction of FCHVs with their supervisors and other community people was also collected in the survey. This chapter presents general findings of the survey regarding these issues. Some of these findings are reviewed again in the context of the CB-IMCI program in Chapter 8.

5.1 FCHV's Participation in Meetings

The survey results show that generally majority of the FCHVs (93%) attend a meeting at their local health facility. These meetings are not required in the FCHV program but are common in many districts. Overall, about 93 percent in NFHP districts and 63 percent FCHVs in other 9 districts reported attending such meetings. This result shows that these meetings are less common in some non-NFHP districts (Table 5.1).

However, some variation is observed in the level of participation of FCHVs in the monthly meetings. For example, vast majority of the FCHVs (85-100%), except those in Rasuwa (54.7%) and Bajura (54.4%) from NFHP districts reported of attending these meetings. Similarly among the 9 districts, except in the districts like Saptari (100%) and Makwanpur (96%) the percentage of the FCHVs who reported of attending these meetings is low. For example, only 18 percent FCHVs in Kaski district reported of attending such meetings (Table 5.1). In the case of mountain districts holding monthly meetings may be difficult due to distances and travel time, while in districts such as Kaski they may simply not be the custom.

All districts with the CB-IMCI program are expected to have annual pneumonia/ARI review meetings with participation of the FCHVs. Participation in this type of meeting was high both in NFHP and other districts. The lowest rates were in Sarlahi, in which the CB-IMCI program had just started (and so the meetings had not yet been held) and in Rupandehi, where JICA only supported such meetings in limited VDCs. If possible, someone from the district office or project staff should attend these community meetings. However on average only 60 percent of FCHVs reported of the participation of other people (person other than someone from local health facility or VDC) (Table 5.1).

Table 5.1 : Percentage distribution of FCHVs, by districts, according to whether attending meeting of health facility once in a month, who also participated in ARI meeting and if anyone from outside of VDC participated in ARI meetings

		Attended meeting of health facility once a month	Participated in the pneumonia/ ARI review meeting	Total N	Anyone from outside participated in ARI meeting	Total N
NFHP districts	Jhapa	99.0	88.9	60	51.1	53
	Morang	98.0	93.0	79	68.8	74
	Sunsari	96.0	66.0	144	53.0	95
	Siraha	95.0	96.0	129	63.5	124
	Dhanusha	93.9	90.8	123	56.2	112
	Mahotari	98.0	90.9	92	65.6	84
	Rasuwa	54.7	73.7	33	10.0	24
	Rautahat	88.8	99.0	123	81.4	122
	Bara	98.0	89.9	119	74.2	107
	Parva	95.0	88.0	100	50.0	88
	Chitwan	95.9	88.7	55	53.5	49
	Nawalparasi	90.9	91.9	96	80.2	88
	Barke	84.8	94.9	90	50.0	85
	Bardiya	100.0	96.9	113	41.5	110
	Bajura	54.4	87.8	35	67.1	31
Kailali	86.9	89.9	171	57.3	154	
Kanchanpur	100.0	94.8	101	68.1	96	
Total		92.6	89.9	1,665	60.8	1,496
Other districts	Dhankuta	68.7	90.6	42	59.8	38
	Saptari	100.0	100.0	144	56.0	144
	Sarlahi	5.7	40.4	43	85.0	17
	Nuwakot	40.4	84.8	144	53.6	122
	Makwanpur	95.9	83.8	50	75.8	42
	Tanahu	67.3	94.9	56	97.8	54
	Kaski	18.2	65.7	105	87.7	69
	Rupandehi	56.6	30.3	170	55.7	51
Dang	81.1	98.9	104	33.0	103	
Total		63.4	74.6	859	61.1	641

5.2 Supervision of FCHVs

In order to examine the frequency of supervision, all the FCHVs included in the survey were asked when was the last time their supervisor had contacted them to discuss about their work. The survey results show that higher percentage (43-73%) of FCHVs in 16 NFHP districts were contacted by their supervisor within the last 7 days preceding the survey date. Very low percentage (27.8%) of FCHVs in one remaining (Bajura) district, however, reported that the supervisor had contacted them within last 7 days. The second highest groups of FCHVs in these districts were contacted by their supervisor within 1 week to 1 month period preceding the survey date (Table 5.2).

Table 5.2: Percentage distribution of FCHVs by districts, according to time since last contacted by supervisor

Districts	Within last 7 days	1 week - 1 month	1 month - 6 months	6 months- 12 months	More than one year	Never/ Do not know	Total		Mean	Median	
							%	N			
NFHP districts	Jhapa	51.5	41.4	4.0	2.0	1.0	0.0	100.0	60	29.3	7.0
	Morang	43.0	41.0	7.0	5.0	1.0	3.0	100.0	77	42.8	14.0
	Sunsari	44.0	40.0	2.0	5.0	1.0	8.0	100.0	132	44.2	14.0
	Siraha	60.0	39.0	1.0	0.0	0.0	0.0	100.0	129	10.5	7.0
	Dhanusha	56.1	41.8	2.0	0.0	0.0	0.0	100.0	123	12.2	7.0
	Mahottari	72.7	26.3	0.0	0.0	0.0	1.0	100.0	92	7.8	5.0
	Rautahat	47.4	41.1	11.6	0.0	0.0	0.0	100.0	33	21.8	14.0
	Rautahat	73.5	22.4	4.1	0.0	0.0	0.0	100.0	123	9.9	5.0
	Bara	62.6	30.3	7.1	0.0	0.0	0.0	100.0	119	15.2	7.0
	Parva	67.0	29.0	4.0	0.0	0.0	0.0	100.0	100	13.0	7.0
	Chitwan	60.8	34.0	3.1	2.1	0.0	0.0	100.0	55	18.6	7.0
	Nawalparasi	61.6	37.4	1.0	0.0	0.0	0.0	100.0	96	11.5	7.0
	Banka	60.6	37.4	1.0	0.0	0.0	1.0	100.0	89	11.4	7.0
	Bardiya	47.4	49.5	3.1	0.0	0.0	0.0	100.0	113	16.5	14.0
Bajura	27.8	42.2	21.1	2.2	0.0	6.7	100.0	33	37.3	21.0	
Kailali	56.6	38.4	4.0	1.0	0.0	0.0	100.0	171	17.0	7.0	
Kanchanpur	45.8	28.1	13.5	0.0	0.0	12.5	100.0	89	23.2	7.0	
Total	56.7	36.1	4.3	1.0	0.2	1.8	100.0	1,634	18.8	7.0	
Other districts	Dhankuta	33.3	53.1	7.3	0.0	1.0	5.2	100.0	42	32.7	21.0
	Saptari	53.0	45.0	2.0	0.0	0.0	0.0	100.0	144	14.0	7.0
	Sarlahi	65.7	27.3	7.1	0.0	0.0	0.0	100.0	43	14.1	5.3
	Nuwakot	42.4	42.4	14.1	1.0	0.0	0.0	100.0	144	26.9	14.0
	Makwanpur	66.2	29.7	4.1	0.0	0.0	0.0	100.0	50	13.6	7.0
	Tanahu	22.4	70.4	6.1	0.0	0.0	1.0	100.0	56	22.3	21.0
	Kaeki	30.3	64.6	5.1	0.0	0.0	0.0	100.0	105	21.5	21.0
	Rupandehi	48.5	49.5	2.0	0.0	0.0	0.0	100.0	170	14.2	14.0
Dang	42.1	51.6	6.3	0.0	0.0	0.0	100.0	104	17.6	14.0	
Total	44.7	48.9	5.8	0.2	0.1	0.3	100.0	859	18.9	14.0	

Similar trend is observed in other 9 districts as well. A higher percentage of FCHVs were contacted by their supervisor either within the last 7 days or within 1 week to 1 month preceding the survey date (Table 5.2). In any case, only about 7% FCHVs report going more than a month since a supervisor's visit. In some cases, those who don't have a supervisor's visit may have attended a monthly meeting instead (e.g. Kanchanpur).

Similarly, in order to examine the level of supervision by a person other than someone from local health facility or VDC, the FCHVs were asked when was the last time such a person had made personal contact with them. Data presented in Table 5.3 shows that out of 17 NFHP programme districts more than half of the FCHVs reported that they were visited by such a person only in 4 districts (Jhapa, Rautahat, Bara and Nawalparasi) either within last 7 days or within last 1 week to 1 month. In other districts, higher percentages of FCHVs were visited by such a person within last 1 to 6 months or 6 to 12 months. The percentages of the FCHVs who reported that they were never visited by such a person or they do not know about such visits are also high especially in districts like Sunsari, Siraha, Bardiya, and Kailali. It should also be noted that the number of FCHVs in these districts compared to other districts is also high (Table 5.3).

Table.5.3 : Percentage distribution of FCHVs, by district according to time since last contacted by a person other than some one from local health facility or VDC

		Within last 7 days	1 week-1 month	1 month-6 months	6 months-12 months	More than one year	Never/ Do not know / Missing	Total N	Mean
NFHP districts	Jhapa	24.2	36.4	25.3	3.0	0.0	11.1	60	45.0
	Morang	16.0	19.0	20.0	34.0	1.0	10.0	79	164.1
	Sunsari	9.0	26.0	23.0	11.0	0.0	31.0	144	97.3
	Siraha	11.0	24.0	22.0	17.0	1.0	25.0	129	123.3
	Dhanusha	16.3	23.5	27.6	22.4	2.0	8.2	123	124.2
	Mahotari	15.2	33.3	21.2	3.0	3.0	24.2	92	90.5
	Rasuwa	4.2	1.1	45.3	43.2	4.2	2.1	33	280.3
	Rautahat	39.8	22.4	23.5	8.2	0.0	6.1	123	56.4
	Bara	24.2	36.4	16.2	13.1	2.0	8.1	119	93.7
	Parsa	13.0	23.0	29.0	10.0	1.0	14.0	100	94.2
	Chitwan	10.3	14.4	32.0	13.5	4.1	23.7	55	154.9
	Nawalparasi	24.2	45.5	11.1	13.1	0.0	6.1	96	74.0
	Banke	14.1	18.2	16.2	15.2	7.1	29.3	90	188.4
	Bardiya	4.1	13.4	8.2	27.8	1.0	45.4	113	215.2
	Bajura	8.9	6.7	13.3	24.4	23.6	21.1	35	534.4
Kailali	24.2	21.2	7.1	4.0	2.0	41.4	171	89.3	
Kanchanpur	12.5	8.3	10.4	27.1	10.4	31.2	101	291.0	
Total		17.1	23.4	19.7	13.4	2.7	21.8	1,665	132.7
Other districts	Dhankuta	6.2	8.3	17.7	9.4	10.4	47.9	42	421.5
	Saptari	24.0	30.0	29.0	7.0	4.0	6.0	144	129.5
	Sarlahi	3.0	14.1	25.3	11.1	13.1	33.3	43	400.1
	Nuwakot	4.0	7.1	7.1	27.3	46.5	8.1	144	595.5
	Makwanpur	23.0	29.7	28.4	13.6	2.7	2.7	30	109.3
	Tanahu	7.1	33.7	25.3	9.2	3.1	21.4	56	143.3
	Kaili	7.1	23.2	20.2	22.2	11.1	16.2	105	258.8
	Rupandehi	21.2	21.2	32.3	15.2	4.0	6.1	170	145.3
	Dang	4.2	7.4	1.1	15.8	10.3	61.1	104	422.8
	Total		12.5	19.1	20.5	15.8	13.4	18.5	859

In the other nine districts, except for districts like Saptari, Makwanpur and Rupandehi where the majority of FCHVs were visited by such a person within 6 months, the frequency of such visits was comparatively low in rest of the districts. Among these, relatively high percentage of FCHVs from Dhankuta (47.9%) and Sarlahi (33.3%) reported that the visits never occurred or they do not know about such visits (Table 5.3).

5.3 Reporting of FCHV Activities

In addition to the information regarding supervision, all the FCHVs included in the survey were also asked whether they had reported the type and number of services they provided in the last one-month either to their supervisor or other personnel of the health facilities. The survey results show that the practice of reporting of their monthly activities is quite prevalent among the FCHVs of the NFHP districts. Except for 3 districts (Rasuwa, Banke and Bajura) almost all FCHVs from rest of the districts had reported of their monthly activities to their supervisor or to someone from the local health facility. Similar trend is observed in other 9 districts as well (Table 5.4).

Table 5.4 : Percentage distribution of FCHVs, by districts, according to the information given on the number and type of services provided to supervisor or someone at the health facility

		Yes	No	Total N
NFHP districts	Jhapa	100.0	0.0	60
	Morang	99.0	1.0	79
	Sunsari	97.0	3.0	144
	Siraha	97.0	3.0	129
	Dhanusha	95.9	4.1	123
	Mahotari	100.0	0.0	92
	Rasuwa	84.8	15.2	33
	Raulehat	92.9	7.1	123
	Bara	93.9	6.1	119
	Parsa	97.0	3.0	100
	Chitwan	99.0	1.0	55
	Nawalparasi	97.0	3.0	96
	Banke	87.9	12.1	90
	Bardiya	92.8	7.2	113
	Bajura	80.0	20.0	35
	Kailali	90.9	9.1	171
Kanchanpur	99.0	1.0	101	
Total		94.9	5.1	1,665
Other districts	Dhankuta	93.8	6.2	42
	Saptari	90.0	10.0	144
	Sarlahi	99.0	1.0	43
	Nuwakot	96.0	4.0	144
	Makwanpur	98.6	1.4	50
	Tanahu	88.8	11.2	56
	Kaski	88.9	11.1	105
	Rupandehi	88.9	11.1	170
Dang	91.6	8.4	104	
Total		91.9	8.1	859

CHAPTER - VI

ACCESS TO COMMUNICATION

Information related to the main sources of information of FCHVs on health issues, their access to communication media like radio and their listening habits to different health related programme broadcasted over the radio was also collected in the survey. Thus the first section of this chapter presents the information on FCHVs access to radio and the second section deals with their frequency of listening to different health related programme.

6.1 Source of Information on Health Issues

Before asking question on the accessibility to radio, the FCHVs were first asked about their main source for acquiring information on health issues. The survey results show that vast majority of the FCHVs from all NFHP districts, except Kailali, reported 'FCHV meetings/trainings' (82-96%) and the 'health facilities' (67-98%) as their main source of information on health issues. 'Radio' as the main source of information was reported by the highest percentage of FCHVs from only 7 districts (Jhapa, Morang, Mahottari, Rautahat, Bara, Parsa and Nawalparasi). Though, considerable variation exists across the 17 NFHP districts, other important sources of information such as 'other health providers', 'other FCHVs' and 'Television' was reported by relatively lower percentages of the FCHVs (Table 6.1).

Similarly, the highest percentage (66-97%) of FCHVs from other 9 districts reported 'health facilities' as their main source of information on health issues. Likewise, 'FCHV meetings/trainings' and 'other health providers' was also mentioned by higher percentage of FCHVs working in these districts. In these districts, 'Radio' as the main source of information was reported by relatively lower percentage (35-73%) of the FCHVs. As was the case with NFHP districts, other important sources of information such as 'supervisor', 'other FCHVs', 'Television' and Newspaper was reported by relatively lower percentages of the FCHVs (Table 6.1).

Table 6.1: Percentage distribution of FCHVs by districts according to source of information on Health Issues

	Main source of information on health issues											Total N	
	Radio	FCHV meetings/ trainings	Supervisor	Other health providers	Other FCHVs	Health facilities	Television	Newspaper	NGO/NGO & other inst's staff	Faculty/ Guardians	Others		
NFHP districts	Jhapa	88.9	81.8	73.7	33.3	19.2	93.9	81.8	26.3	7.1	1.0	1.0	60
	Morang	86.0	90.0	67.0	68.0	57.0	90.0	65.0	22.0	5.0	3.0	2.0	79
	Sunsari	49.0	87.0	24.0	49.0	27.0	68.0	38.0	28.0	2.0	1.0	1.0	144
	Siraha	46.0	87.0	27.0	45.0	19.0	65.0	4.0	9.0	1.0	0.0	3.0	129
	Dhanusha	68.4	86.7	73.5	49.0	29.6	76.5	14.3	5.3	1.0	4.1	5.1	123
	Mahottari	73.7	89.9	48.5	18.2	1.0	66.7	7.1	5.1	3.0	0.0	0.0	92
	Ratowa	47.4	91.6	81.1	22.1	14.7	97.9	11.6	4.2	0.0	0.0	0.0	33
	Rautahat	90.8	89.8	69.4	59.2	34.7	86.7	18.4	12.2	2.0	1.0	0.0	123
	Bara	84.8	81.8	54.5	59.6	12.1	97.0	15.2	2.0	2.0	1.0	0.0	119
	Parsa	85.0	95.0	64.0	51.0	37.0	96.0	14.0	4.0	1.0	8.0	0.0	100
	Chitwan	37.1	92.8	59.8	33.0	8.2	82.5	27.8	12.4	4.1	3.1	1.0	55
	Nawalparasi	86.9	89.9	55.6	48.5	33.3	71.7	27.3	19.2	1.0	2.0	4.0	96
	Baundha	63.6	87.9	27.3	45.5	12.1	71.7	16.2	16.2	6.1	0.0	2.0	90
	Bardiya	45.4	78.4	38.1	61.9	34.0	89.7	19.6	16.5	4.1	0.0	0.0	113
	Bajura	35.6	92.2	64.4	53.3	3.3	85.6	1.1	10.0	11.1	0.0	0.0	35
	Palpa	60.5	96.0	25.3	21.2	10.1	47.5	9.1	45.5	3.0	0.0	0.0	171
	Dadarsinghpur	63.5	94.8	14.6	56.2	24.0	74.0	24.0	16.7	1.0	2.1	1.0	101
Dhangadhang	66.7	88.8	46.7	46.2	23.1	77.0	21.7	16.6	2.8	1.5	1.3	1665	
Other Districts	Dhankuta	69.6	87.5	45.8	61.5	24.0	91.7	19.8	27.1	12.5	1.0	2.1	42
	Saptari	73.0	85.0	65.0	57.0	25.0	97.0	43.0	23.0	3.0	0.0	2.0	144
	Sarlahi	27.3	54.5	68.7	71.7	38.4	65.7	18.2	3.0	0.0	0.0	2.0	43
	Nuwakot	50.5	84.8	51.5	56.6	29.3	91.9	13.1	7.1	0.0	0.0	2.0	144
	Makwanpur	78.4	97.3	94.6	60.8	20.3	85.1	35.1	6.8	9.5	2.7	0.0	50
	Taushu	70.4	91.8	73.5	44.9	29.6	84.7	17.3	16.3	1.0	2.0	1.0	56
	Kaaki	67.2	87.9	32.3	24.2	4.0	92.9	29.3	21.2	6.1	0.0	0.0	105
	Rupandehi	46.3	72.7	30.3	29.3	21.2	92.9	22.2	14.1	4.0	3.0	3.0	170
	Dang	34.2	97.9	45.3	73.7	17.9	97.9	11.6	16.8	2.1	0.0	0.0	104
	Total	56.4	84.2	51.0	49.8	22.2	91.9	23.9	15.4	3.5	0.3	1.5	859

6.2 Access to Radio and Listening Habits

Great majority of all FCHVs from NFHP districts reported of having a radio with them. Among the districts, all FCHVs from Bara and Parsa reported of having a radio while the percentage of FCHVs reporting of having a radio in the rest of the districts ranges between 71 percent - 99 percent. Compared to them, slightly lower percentage (49 - 93%) of FCHVs reported of having a radio in other 9 districts. In these districts, the lowest percentage of FCHVs (49%) having a radio was reported in Sarlahi (Table 6.2).

Table 6.2: Percentage distribution of FCHVs, by districts, according to radio ownership and frequency of radio listening habits

		FCHVs with Radio	Frequency of Listening Radio				Total N
			Almost every day	At least once a week	Less than once a week	Not At All	
NFHP districts	Jhapa	83.8	83.8	15.2	1.0	0.0	60
	Morang	78.0	42.0	33.0	25.0	0.0	79
	Sunsari	65.0	67.0	17.0	16.0	0.0	144
	Siraha	93.0	55.0	37.0	7.0	1.0	129
	Dhanusha	95.9	37.8	54.1	8.2	0.0	123
	Mahottari	92.9	76.8	21.2	2.0	0.0	92
	Rasuwa	75.8	50.5	9.5	40.0	0.0	33
	Rautahat	99.0	73.5	26.5	0.0	0.0	123
	Bara	100.0	78.8	20.2	1.0	0.0	119
	Parsa	100.0	62.0	36.0	2.0	0.0	100
	Chitwan	84.5	69.1	15.5	15.5	0.0	55
	Nawalparasi	96.0	48.5	47.5	4.0	0.0	96
	Banke	99.0	85.9	14.1	0.0	0.0	90
	Bardiya	71.1	59.8	24.7	14.4	1.0	113
Bajura	58.9	47.8	17.8	33.3	1.1	35	
Kailali	88.9	55.6	30.3	14.1	0.0	171	
Kanchangpur	93.8	35.4	37.5	27.1	0.0	101	
Total		88.4	60.6	28.9	10.4	0.2	1,665
Other districts	Dhankuta	86.5	72.9	15.6	11.5	0.0	42
	Septari	67.0	62.0	29.0	9.0	0.0	144
	Sarlahi	48.5	42.4	36.4	21.2	0.0	43
	Nuwakot	83.8	75.8	17.2	7.1	0.0	144
	Makwanpur	81.1	70.3	17.6	12.2	0.0	50
	Tanahu	88.8	28.6	63.3	8.2	0.0	56
	Kaski	92.9	80.8	14.1	5.1	0.0	105
	Rupandehi	63.6	41.4	31.3	27.3	0.0	170
	Dang	89.5	80.0	11.6	8.4	0.0	104
Total		77.3	62.6	24.8	12.6	0.0	859

In NFHP districts, highest percentage (35 - 86%) of the FCHVs who have a radio reported of listening to it almost every day followed by those (9 - 54%) who listened to it at least once a week. In these districts, the lowest percentage of the FCHVs who reported of listening to the radio almost every day was from Dhanusha (38%) and Kanchangpur (35.4%). Similar trend of radio listening habit was observed in the other 9 districts as well, i.e., highest percentage of FCHVs in these districts also reported of listening to radio almost every day (29 - 81%) followed by those who listened to it at least once a week (12 - 63%) (Table 6.2).

Of the total FCHVs in NFHP districts who have a radio and also listen to it (N=1472), relatively lower percentage reported of always getting a chance of choosing the radio programs they want to listen to. The highest percentages of those who get a chance of listening to the programme of their choice were in Mahottari and Chitwan (65%) and Parsa (63%) while the lowest were in Kailali (6%) districts. Though the responses varies across the

districts, comparatively lower percentage of FCHVs from these districts reported of getting a chance of choosing the program they like 'very often' and 'only sometimes' (Table 6.3).

Table 6.3: Among those who have Radio, Percentage distribution of FCHVs, by districts, according to the chance to choose the desired program on the radio

		FCHV Who got chance to choose program					Total	
		Always	Often	Sometimes	Rarely	Never	%	N
NFHP districts	Jhapa	34.9	33.7	31.3	0.0	0.0	100.0	50
	Morang	32.1	20.5	43.6	2.6	1.3	100.0	62
	Sunsari	21.5	33.8	36.9	4.6	3.1	100.0	94
	Siraha	48.4	31.2	19.4	1.1	0.0	100.0	120
	Dhanusha	31.9	35.1	33.0	0.0	0.0	100.0	118
	Malotari	65.2	21.7	13.0	0.0	0.0	100.0	86
	Resuwa	59.7	11.1	12.5	16.7	0.0	100.0	25
	Rautahat	42.3	38.1	18.6	1.0	0.0	100.0	122
	Bara	44.4	22.2	33.3	0.0	0.0	100.0	119
	Parsa	63.0	31.0	6.0	0.0	0.0	100.0	100
	Chitwan	64.6	15.9	15.9	3.7	0.0	100.0	46
	Nawalparasi	21.1	34.7	44.2	0.0	0.0	100.0	92
	Banke	26.5	58.2	14.3	0.0	0.0	100.0	89
	Bardiya	33.3	24.6	39.1	2.9	0.0	100.0	81
	Bajura	13.2	39.6	39.6	7.5	0.0	100.0	21
Kailali	5.7	44.3	48.9	1.1	0.0	100.0	152	
Kanchanpur	23.3	31.1	36.7	5.6	3.3	100.0	95	
Total		35.7	32.7	29.3	1.8	0.5	100.0	1,472
Other districts	Dhankuta	26.5	27.7	43.4	2.4	0.0	100.0	36
	Saptari	58.2	13.4	28.4	0.0	0.0	100.0	96
	Sarlahi	47.9	25.0	25.0	2.1	0.0	100.0	21
	Nuwakot	34.9	27.7	33.7	3.6	0.0	100.0	121
	Makwanpur	38.3	36.7	23.3	1.7	0.0	100.0	41
	Tanahu	17.2	21.8	60.9	0.0	0.0	100.0	50
	Kaski	46.7	41.3	12.0	0.0	0.0	100.0	98
	Rupandehi	23.8	33.3	38.1	3.2	1.6	100.0	108
	Dang	30.6	36.5	30.6	2.4	0.0	100.0	93
Total		36.5	29.8	31.7	1.8	0.3	100.0	664

The overall responses from the other 9 districts also show similar pattern. The highest percentage (36.5%) of FCHVs from these districts reported of always getting a chance of choosing a radio program they like followed by those (31.7%) who reported of getting the chance 'only sometimes' and those (29.8%) who reported of getting the chance 'very often' (Table 6.3).

Information regarding FCHVs status of the level of understanding of Nepali language broadcasted on radio was also collected in the survey. Overall, the survey results show considerable variation across NFHP districts in terms of FCHV's level of understanding of Nepali language broadcasted on radio. For example, very high percentage of respondents in districts such as Chitwan (100%) Morang (95%) and Jhapa (90.9%) reported of understanding Nepali easily while only about a quarter of them reported of the same in Rautahat (23.5%), Bara (25.3%) and Parsa (24%) districts. The percentage of FCHVs who understand Nepali language 'with some difficulty' and 'with great difficulty' is high in many of these districts. FCHV's level of understanding of Nepali language broadcasted over the radio appears to be better in other 9 districts. Very high percentage of FCHVs in these districts, except for Sarlahi, reported of understanding the language easily. Only the FCHVs

from Rupendehi (20%), Saptari (3%) and Sarlahi (11.1%) districts reported of understanding the language 'with great difficulty' (Table 6.4).

Table 6.4: Percentage Distribution of FCHVs by districts, according to the level of understanding of Nepali language broadcasted on radio

		Well/Easily	With Some Difficulty	With Great Difficulty	Cannot Understand At All	Don't Know	Total		
							%	N	
NFIP districts	Jhapa	90.9	8.1	1.0	0.0	0.0	100.0	60	
	Morang	95.0	3.0	2.0	0.0	0.0	100.0	79	
	Sunsari	60.0	29.0	8.0	1.0	0.0	100.0	144	
	Siraha	48.0	39.0	9.0	3.0	1.0	100.0	129	
	Dhanusha	33.7	42.9	20.4	3.1	0.0	100.0	123	
	Mahotari	39.4	29.3	26.3	5.1	0.0	100.0	92	
	Rasuwa	64.2	20.0	15.8	0.0	0.0	100.0	33	
	Rautahat	23.5	34.7	32.7	9.2	0.0	100.0	123	
	Bara	25.3	43.4	21.2	10.1	0.0	100.0	119	
	Parsa	24.0	31.0	36.0	9.0	0.0	100.0	100	
	Chitwan	100.0	0.0	0.0	0.0	0.0	100.0	55	
	Nawalparasi	83.8	15.2	0.0	1.0	0.0	100.0	96	
	Banke	44.4	26.3	28.3	1.0	0.0	100.0	90	
	Bardiya	87.6	6.2	5.2	0.0	1.0	100.0	113	
Age	Bajura	84.4	13.3	1.1	0.0	1.1	100.0	35	
	Kailali	86.9	11.1	2.0	0.0	0.0	100.0	171	
	Kanchanpur	88.5	11.5	0.0	0.0	0.0	100.0	101	
	<=29	80.4	14.6	4.1	0.9	0.0	100.0	280	
	30-39	72.0	20.2	6.0	1.3	0.5	100.0	531	
	40-49	53.0	29.4	15.2	2.5	0.0	100.0	496	
	50+	37.0	27.4	27.4	8.1	0.0	100.0	357	
	Missing	100.0	0.0	0.0	0.0	0.0	100.0	2	
	Literacy	Illiterate	35.2	34.4	24.5	5.9	0.0	100.0	843
		Literate	86.0	12.3	1.2	0.2	0.3	100.0	819
	Total		60.3	23.5	13.0	3.1	0.2	100.0	1,665
	Other districts	Dhankuta	100.0	0.0	0.0	0.0	0.0	100.0	42
		Saptari	59.0	38.0	3.0	0.0	0.0	100.0	144
		Sarlahi	41.4	37.4	11.1	10.1	0.0	100.0	43
Nuwakot		99.0	1.0	0.0	0.0	0.0	100.0	144	
Makwanpur		97.3	2.7	0.0	0.0	0.0	100.0	50	
Tanahu		99.0	1.0	0.0	0.0	0.0	100.0	56	
Kaski		100.0	0.0	0.0	0.0	0.0	100.0	105	
Rupandehi		45.5	20.2	20.2	14.1	0.0	100.0	170	
Dang		94.7	4.2	1.1	0.0	0.0	100.0	104	
Age		<=29	87.5	7.6	1.5	3.4	0.0	100.0	114
	30-39	80.0	15.7	2.7	1.5	0.0	100.0	345	
	40-49	78.9	11.1	7.8	2.3	0.0	100.0	228	
	50+	68.3	14.4	9.1	8.3	0.0	100.0	171	
Literacy	Illiterate	56.8	23.0	12.2	8.0	0.0	100.0	355	
	Literate	93.5	6.2	0.3	0.0	0.0	100.0	505	
Total		78.4	13.1	5.2	3.3	0.0	100.0	839	

Further analysis of the survey results shows considerable variation of the FCHV's level of understanding of the language by age and literacy status. Data presented in Table 6.4 shows that young and literate FCHVs are more likely to understand Nepali language easily compared to those who are illiterate or in higher age groups.

6.3 Knowledge of and Listening Habits to Specific Radio Programs

The FCHVs in all 26-survey districts were also asked whether they have listened to some specific radio programs during the last six month period preceding the survey date. The survey results show that though some variation within the districts exists, overall, very high percentage (87.2%) of the FCHVs in the NFHP districts had listened to FP/child health related programs. Similar trend is observed in other 9 districts as well (Table 6.5).

Table 6.5: Percentage distribution of FCHVs who have heard specific radio program in the last 6 months by survey districts

	Districts	FP/Child Health Related Program	Jana Swasthya Karyakram	Gyan Nai Sakti Ho	Sewa Nai Dharma Ho	Total N
NFHP districts	Jhapa	80.8	72.7	46.5	78.8	60
	Morang	86.0	66.0	31.0	70.0	79
	Sunsari	76.0	64.0	33.0	74.0	144
	Siraha	87.0	59.0	67.0	87.0	129
	Dhanusha	94.9	65.3	76.5	95.9	123
	Mahotari	94.9	65.7	82.8	96.0	92
	Rasuwa	51.1	18.9	21.1	53.7	33
	Rautahat	100.0	55.1	79.6	98.0	123
	Bara	92.9	45.5	58.6	100.0	119
	Parsa	93.0	72.0	77.0	94.0	100
	Chitwan	85.6	79.4	9.3	61.9	55
	Nawalparasi	97.0	70.7	71.7	93.9	96
	Banke	93.9	79.8	81.8	96.0	90
	Bardiya	84.5	66.0	67.0	76.3	113
	Bajura	62.2	61.1	28.9	56.7	35
Kailali	83.8	75.8	52.5	75.8	171	
Kanchanpur	79.2	37.5	56.2	71.9	101	
Total		87.2	63.2	59.4	84.0	1,665
Other districts	Dhankuta	92.7	78.1	36.5	71.9	42
	Saptari	82.0	45.0	20.0	38.0	144
	Sarlahi	51.5	40.4	21.2	33.3	43
	Nuwakot	87.9	77.8	34.3	62.6	144
	Makwanpur	94.6	81.1	54.1	90.5	50
	Tanahu	91.8	80.6	43.9	70.4	56
	Kaski	94.9	91.9	23.2	52.5	105
	Rupandehi	83.8	57.6	24.2	53.5	170
Dang	80.0	76.8	57.9	64.2	104	
Total		85.1	68.4	32.7	56.8	859

In addition to listening to FP/child health related programs, the FCHVs were specifically asked whether they had listened to following 3 programs on the radio during the last six months:

- Jana Swasthya Karyakram
- Gyan Nai Sakti Ho
- Sewa Nai Dharma Ho

The overall result of the survey shows that, of the 1665 FCHVs interviewed in NFHP districts, the highest percentage (84%) have listened to Sewa Nai Dharma Ho followed by 63 percent and 59 percent FCHVs who have listened to Jana Swasthya Karyakram and Gyan Nai Sakti Ho radio programs respectively. In the other 9 districts, however, lower percentage of the FCHVs reported of having listened to these radio programs during the last six month

period. For example, only 68 percent of the FCHVs in these districts reported of having listened to Jana Swasthya Karyakram. This is followed by 57 percent of those who had listened to Sewa Nai Dharma Ho and Gyan Nai Sakti Ho (32.7%) (Table 6.5).

Those FCHVs in NFHP districts (N=1,399) and in other 9 districts (N=488) who had listened to health programs on radio during the last six months were also asked about the frequency of listening to Sewa Nai Dharma Ho radio program. The overall result does not show any consistent pattern across the NFHP districts regarding FCHV's habits of listening to this radio program. For example, only in 6 out of 17 NFHP districts (Mahottari, Rasuwa, Rautahat, Bara, Parsa and Banke), where more than half (57 - 78%) of the FCHVs reported that they had listened to this program regularly during the last six months. Higher percentage of FCHVs (58 - 88%) of nine 9 districts (Jhapa, Morang, Sunsari, Siraha, Dhanusha, Chitwan, Nawalparasi, Kailali and Kanchanpur) reported of listening to this program 'only sometimes' during the same period. Notably, almost half (45.1%) of the FCHVs from Bajura district reported of rarely listening to this program during the last 6-month period (Table 6.6).

Table 6.6: Percentage distribution of FCHVs by districts, who have listened to the radio program in the last 6 months and frequency of listening to Sewa Nai Dharma Ho programme

		Regularly	Sometimes	Rarely	Total	
					%	N
NFHP districts	Jhapa	24.4	71.8	3.8	100.0	47
	Morang	14.3	74.3	11.4	100.0	55
	Sunsari	16.2	75.7	8.1	100.0	106
	Siraha	40.2	57.5	2.3	100.0	112
	Dhanusha	39.4	60.6	0.0	100.0	118
	Mahottari	70.5	28.4	1.1	100.0	89
	Rasuwa	68.6	31.4	0.0	100.0	18
	Rautahat	63.5	36.5	0.0	100.0	120
	Bara	65.7	33.3	1.0	100.0	119
	Parsa	77.7	22.3	0.0	100.0	94
	Chitwan	1.7	75.0	23.3	100.0	34
	Nawalparasi	36.6	63.4	0.0	100.0	90
	Banke	56.8	43.2	0.0	100.0	86
	Bardiya	31.1	68.9	0.0	100.0	86
	Bajura	3.9	51.0	45.1	100.0	20
	Kailali	9.3	88.0	2.7	100.0	130
	Kanchanpur	30.4	65.2	4.3	100.0	73
Total		41.1	55.7	3.2	100.0	1,399
Other districts	Dhankuta	10.1	81.2	8.7	100.0	30
	Saptari	39.5	60.5	0.0	100.0	55
	Sarlahi	21.2	78.8	0.0	100.0	14
	Nuwakot	24.2	74.2	1.6	100.0	90
	Makwanpur	43.3	52.2	4.5	100.0	46
	Tanahu	14.5	85.5	0.0	100.0	40
	Kaski	7.7	86.5	5.8	100.0	55
	Rupendehi	3.8	81.1	15.1	100.0	91
	Dang	45.9	54.1	0.0	100.0	67
Total		23.2	72.0	4.8	100.0	488

Comparatively lower percentage of the FCHVs from other 9 districts reported of having listened to 'Sewa Nai Dharma Ho' radio program during the last six-month period. The highest percentage (45.9%) listening to this program regularly over the stated period were in Dang district. Majority of them in all 9 districts reported of listening to the program only sometimes (Table 6.6).

6.4 Reasons for not Listening to Specific Radio Programs

When asked to give reasons for not listening to the Sewa Nai Dharma Ho program regularly, the great majority (43%) of FCHVs from all NFHP districts responded by saying they had 'no time to listen to' the program. Similarly, 'broadcasting time not appropriate' was reported by second highest group of FCHVs. 'Language difficulty' as the reason for not listening to the program regularly was mentioned by higher percentage of FCHVs in selected districts such as Dhanusha, Mahottari, Rautahat, Bara and Parsa. In the rest of the NFHP districts, lower percentage of the FCHVs gave this reason for not listening to the program regularly (Table 6.7).

Table 6.7: Percentage distribution of FCHVs, by districts, by reason for not listening regularly to Sewa Nai Dharma Ho radio programme

		Reason for not listening program						Total N
		Program is not interesting	Language difficult	No time to listen	Broadcast time is not known	Broadcasting time not appropriate	Others	
NFHP districts	Jhapa	1.7	1.7	98.3	37.3	20.3	15.3	36
	Morang	0.0	0.0	88.3	25.0	68.3	18.3	47
	Sunsari	3.2	12.9	71.0	41.9	12.9	27.4	89
	Siraha	0.0	15.4	51.9	3.8	44.2	36.5	67
	Dhanusha	0.0	61.4	75.4	0.0	59.6	19.3	71
	Mahottari	0.0	50.0	82.1	3.6	14.3	28.6	26
	Rasuwa	0.0	18.8	87.5	18.8	68.8	0.0	6
	Rautahat	0.0	62.9	42.9	22.9	80.0	5.7	44
	Bara	5.9	61.8	76.5	20.6	32.4	23.3	41
	Parsa	0.0	47.6	81.0	0.0	47.6	19.0	21
	Chitwan	3.4	0.0	91.5	18.6	52.3	10.2	33
	Nawalparasi	0.0	5.1	91.5	8.5	57.6	22.0	57
	Banka	2.4	31.7	78.0	2.4	36.6	9.8	37
	Bardiya	2.0	0.0	84.3	7.8	54.9	27.5	60
	Bajura	0.0	4.1	61.2	28.6	51.0	22.4	19
Kailali	1.5	4.4	95.6	0.0	20.6	1.5	118	
Kanchanpur	0.0	6.3	58.3	0.0	25.0	114.6	51	
Total		1.3	20.3	77.6	13.1	40.4	24.4	824
Other districts	Dhankuta	0.0	0.0	91.9	43.5	32.3	4.8	27
	Saptari	0.0	13.0	91.3	8.7	73.9	21.7	33
	Sarlahi	0.0	30.8	100.0	34.6	38.5	19.2	11
	Nuwakot	0.0	0.0	93.6	2.1	61.8	14.9	68
	Makwanpur	0.0	0.0	26.3	2.6	92.1	28.9	26
	Tanahu	0.0	0.0	93.2	18.6	37.3	13.6	34
	Kaski	0.0	0.0	89.6	33.3	50.0	8.3	51
	Rupandehi	0.0	13.7	90.2	33.3	56.9	15.7	88
Dang	0.0	3.0	100.0	3.0	51.5	0.0	36	
Total		0.0	5.6	88.1	19.9	56.5	13.6	374

Similar result could be observed in other 9 districts as well. For example, the highest percentage of the FCHVs (>90%) in 8 districts mentioned 'no time to listen to' as the reason for not listening to Sewa Nai Dharma Ho radio program. In Makwanpur district, however, very low percentage (26.3%) of FCHVs gave this reason. The other reason given by second highest percentage (56.5%) of FCHVs in this district was 'broadcasting time not appropriate'. Overall, very low percentage of the FCHVs (3%) mentioned 'broadcast time not known' as the reason for not listening to this program regularly. The highest percentage (30.8%) giving these reasons were from Sarlahi district (Table 6.7).

CHAPTER - VII

MATERNAL CARE AND FAMILY PLANNING

FCHVs are expected to provide advice and education to pregnant women in their catchment area. They also carry high-dose vitamin A capsules which they are asked to give to women sometime in the post-partum period, although early post-partum visits are not part of an FCHV's regular duties. In many districts there have been special programs to provide iron/folate tablets to FCHVs so they can provide these to pregnant and post-partum women, although they still encourage women to go for regular antenatal care and delivery to a skilled provider.

There are experimental programs in which FCHVs are asked to make early post-partum visits to some women, and it would be useful to know to what extent FCHVs actually attend births in their area or make early post-partum visits, although they are not expected to do this as FCHVs.

For this report maternal care services are divided into:

- Pregnancy care (counseling, iron tablets)
- Delivery care (attendance at delivery, FCHVs who are TBAs)
- Post-partum care (post-partum visits, vitamin A for women)
- Family planning
- Ability of FCHVs to accurately predict pregnancies and births in their catchment area

7.1 Pregnancy Care

7.1.1 Counseling in Pregnancy

Over 99 percent of FCHVs report that they counsel pregnant women as part of their job. FCHVs report an average of 15 pregnant women counseled per year. This varies from averages below 10 in many hill districts to a maximum of 28 in Morang. (Table 7.2). This corresponds to nearly 70 percent of the estimated number of births over the 26 districts (Figure 7.1 and Table 7.2). In five districts the reported rate of counseling would cover more than the estimated births.

In two districts (Jhapa and Banke) recent surveys (2005 baseline for the NFHP CB-MNC project) allow us to compare whether recently delivered women report having been counseled by an FCHV with the FCHVs own report. FCHVs do not regularly record numbers of women counseled so it is easy for them to overestimate their coverage over an entire year. On the other hand pregnant women may consider informal meetings with an FCHV to not constitute "counseling" and so may not report contacts when the FCHV does. In the two districts we found the following comparisons. These cover counseling in pregnancy and whether the FCHV provided iron tablets (Table 7.1).

Table 7.1: Comparison of FCHV and Mother's report for care in pregnancy

	Jhapa		Banke	
	FCHV Report	Mother's Report	FCHV Report	Mother's Report
Counseled by FCHV in pregnancy	36%	24%	62%	35%
Received Iron from FCHV in pregnancy	28%	20%	37%	13%

These results indicate that, as expected, FCHVs may substantially overestimate their activities related to maternal care in this survey. In Jhapa the overestimate is about 1.5 times the mother's reported rate and in Banke it is 2 to 3 times. The results of this survey need to be considered with this possibility in mind. ARI related activities are mostly based on counts in record books and so we expect they are not as subject to over-reporting.

Figure 7.1: Percentage of Estimated Births Counseled by FCHVs

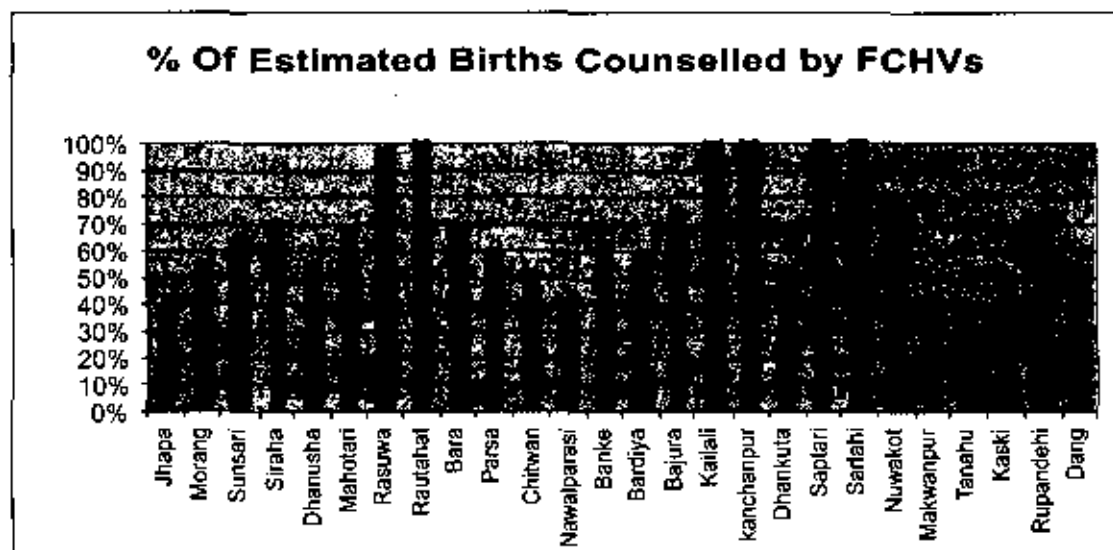


Table 7.2: Percentage Distribution of FCHVs by survey districts, according to number of pregnant women counseled in the last 12 months

NPHS districts	Jhapa	No. of pregnant women					Total		Mean
		None	1-10	11-20	21+	DK Missing	%	N	
	Jhapa	0.0	15.2	46.5	37.4	1.0	100.0	60	20.3
	Morang	0.0	22.0	18.0	60.0	0.0	100.0	79	28.6
	Sunsari	1.0	41.0	40.0	18.0	0.0	100.0	144	13.6
	Siraha	1.0	29.0	54.0	16.0	0.0	100.0	129	15.2
	Dhanusha	0.0	41.8	41.8	16.3	0.0	100.0	123	14.7
	Mahotari	0.0	26.3	36.4	37.4	0.0	100.0	92	19.4
	Rasuwa	1.1	89.5	8.4	1.1	0.0	100.0	33	6.4
	Rautahat	1.0	19.4	45.9	33.7	0.0	100.0	123	22.9
	Bara	0.0	33.3	44.4	22.2	0.0	100.0	119	15.7
	Parsa	0.0	40.0	44.0	16.0	0.0	100.0	100	14.1
	Chitwan	2.1	17.5	34.0	46.4	0.0	100.0	55	22.0
	Nawalparasi	1.0	58.6	31.3	9.1	0.0	100.0	96	11.0
	Banke	0.0	39.4	51.5	9.1	0.0	100.0	90	13.2
	Bardiya	0.0	67.0	26.8	5.2	1.0	100.0	113	9.7
	Bajura	0.0	52.2	34.4	10.0	3.3	100.0	35	11.4
	Kailali	0.0	28.3	36.4	35.4	0.0	100.0	171	20.1
	Kanchanpur	0.0	28.1	41.7	29.2	1.0	100.0	101	17.8
Total		0.4	36.3	39.2	23.9	0.2	100.0	1,665	16.5

		Number of pregnant women					Total		Mean
		None	1-10	11-20	21+	DK/ Missing	N	%	
Other districts	Dhankuta	1.0	65.6	28.1	5.2	0.0	100.0	42	9.9
	Saptari	0.0	10.0	55.0	35.0	0.0	100.0	144	20.3
	Sarlahi	1.0	25.3	37.4	35.4	1.0	100.0	43	21.8
	Newarkot	3.0	76.8	18.2	2.0	0.0	100.0	144	7.6
	Makwanpur	0.0	43.2	36.5	20.3	0.0	100.0	50	16.4
	Tanahu	1.0	73.5	22.4	2.0	1.0	100.0	56	8.3
	Kaski	0.0	77.8	20.2	2.0	0.0	100.0	105	8.2
	Rupandehi	1.0	36.4	49.5	13.1	0.0	100.0	170	13.7
Dang	2.1	55.8	33.7	7.4	1.1	100.0	104	11.3	
Total		1.1	49.9	35.5	13.3	0.2	106.0	859	12.9

FCHVs were asked to specify the kinds of advice they give to pregnant women. This was an open-ended question so the results are limited by the number of responses that each FCHV gave. In general, the most common responses were to "Go for antenatal care" and "Get a tetanus shot" (93% and 82% respectively). These varied little by district and are the traditional messages promoting Nepal's antenatal care program (Table 7.3). FCHVs reporting giving advice on danger signs in pregnancy ranged from a low of 7 percent in Mahottari to 63 percent in Jhapa and 72 percent in Makwanpur. Both Jhapa and Makwanpur have had recent programs to improve FCHV maternal care, but the low overall average is surprising for this key educational item. Actual ability of FCHVs to state five common danger signs was moderate (Table 7.3) with only 20 percent of FCHVs able to spontaneously state all five signs. The "Birth Preparedness Package (BPP)" has been promoted in a number of districts and, in addition to other antenatal care messages includes messages on "Using a skilled birth attendant", "Making plans for an emergency" and "Saving money for an emergency". These three messages were not often mentioned by FCHVs (44%, 11% and 13% respectively). Surprisingly, in Siraha district, where all FCHVs were trained in BPP a few years ago, did not often mention these items (27%, 2%, and 18% respectively).

Table 7.3: Percentage distribution of FCHVs who provide various suggestions/advice to pregnant women about their pregnancy and delivery by survey districts

	Advices											Total N	
	Go For Antenatal Checkup	Get Tetanus Toxoid Shots	Take Iron Tablets	Advice On Night Blindness During Pregnancy	Other Advice On Activities During Pregnancy	Danger Signs That Require Medical Attention	Use A Skilled Birth Attendant	Make Plans In Case Of Emergencies	Save Money In Case Of Emergency	Take nutritious food	Other		Don't Know
NFHP districts													
Jhapa	100.0	98.0	97.0	32.3	49.5	62.6	39.4	3.0	8.1	43.4	59.6	0.0	60
Morang	94.0	94.0	98.0	30.0	55.0	42.0	76.0	16.0	23.0	45.0	45.0	0.0	79
Sunsari	96.0	81.0	91.0	47.0	4.0	18.0	65.0	24.0	17.0	70.0	110.0	0.0	144
Siraha	88.0	70.0	89.0	6.0	41.0	15.0	27.0	2.0	18.0	88.0	39.0	0.0	129
Dhanusha	87.8	77.6	95.9	20.4	69.4	28.6	25.5	12.2	9.2	68.4	10.2	0.0	123
Mahottari	83.8	57.6	93.9	2.0	60.6	7.1	45.5	1.0	0.0	30.3	17.2	0.0	92
Rasuwa	98.9	83.3	86.3	6.3	49.5	11.6	46.3	2.1	49.5	11.6	0.0	0.0	33
Rorhat	95.9	81.6	79.6	38.8	80.6	54.1	61.2	7.1	26.5	41.8	0.0	0.0	123
Bara	96.0	89.9	93.9	4.0	53.5	40.4	45.5	1.0	2.0	56.6	27.3	0.0	119
Parva	97.0	94.0	98.0	32.0	77.0	51.0	66.0	8.0	29.0	26.0	9.0	0.0	100
Chitwan	97.9	85.6	95.9	12.4	61.9	25.8	40.2	6.2	8.2	50.5	35.1	0.0	55
Nawalparasi	92.9	86.9	80.8	29.3	52.5	40.4	57.6	8.1	4.0	16.2	12.1	0.0	96
Banke	89.9	80.8	86.9	8.1	66.7	17.1	20.2	14.1	7.1	42.4	20.2	0.0	90
Bandiya	88.7	76.3	70.1	28.9	71.1	37.1	44.3	15.5	10.3	48.5	14.4	0.0	113
Bajura	73.3	66.7	64.4	5.6	85.6	24.4	4.4	0.0	3.3	83.3	8.9	0.0	35
Kailali	96.0	77.8	84.8	4.0	46.5	32.3	17.2	15.2	6.1	71.7	9.1	0.0	171
Kanchanpur	95.8	94.8	97.9	9.4	72.9	43.7	64.6	32.3	13.5	9.4	5.2	0.0	101
Total	92.8	81.7	88.8	19.5	56.3	32.8	44.4	11.2	12.9	50.1	26.4	0.0	1,665
Other districts													
Dhankuta	88.5	96.9	91.7	26.0	11.5	19.8	63.5	24.0	33.3	59.4	100.0	0.0	42
Saptari	97.0	93.0	100.0	64.0	79.0	47.0	65.0	14.0	2.0	8.0	18.0	0.0	144
Siraha	100.0	91.9	94.9	5.1	47.5	12.1	43.4	5.1	8.1	84.8	17.2	0.0	43
Nuwakot	100.0	91.9	76.8	9.1	67.7	22.2	22.2	0.0	5.1	63.6	14.1	0.0	144
Makwanpur	100.0	91.9	91.9	37.8	86.5	71.6	70.3	20.3	20.3	27.0	8.1	0.0	50
Tanahu	93.9	86.7	65.3	23.5	68.4	23.5	42.9	0.0	0.0	27.6	6.1	0.0	56
Katki	97.0	73.7	82.8	15.2	57.6	16.2	47.5	3.0	4.0	40.4	17.2	0.0	105
Rupandehi	92.9	80.8	50.5	14.1	55.6	20.2	36.4	3.0	6.1	59.6	16.2	0.0	170
Dang	91.6	91.6	86.3	20.0	91.6	33.7	30.5	5.3	2.1	31.6	3.2	1.1	104
Total	95.7	87.5	79.1	24.6	66.2	29.0	43.5	6.6	6.4	43.1	17.7	0.3	889

Table 7.4: Percentage distribution of FCHVs, by district, according to their knowledge of danger signs of pregnancy and delivery complication that require medical attention

	Severe Headache	Blurred Vision/Swelling Of Hands Or Face	Severe Lower Abdominal Pain	Fainting or Seizures	Bleeding (Vaginal)	Other	Don't Know	All 5 responses	Not all 5 responses	Total N	
NFHP districts	Jhapa	77.8	78.8	64.6	66.7	53.5	0.0	9.1	90.9	60	
	Morang	93.0	90.0	87.0	75.0	20.0	0.0	54.0	46.0	79	
	Sunsari	64.0	83.0	55.0	29.0	41.0	0.0	4.0	96.0	144	
	Siraha	66.0	51.0	68.0	55.0	45.0	0.0	6.0	94.0	129	
	Dhanusha	70.4	67.3	61.2	20.4	54.1	0.0	4.1	95.9	123	
	Mahotari	56.6	72.7	31.3	23.3	8.1	0.0	0.0	100.0	92	
	Rasuwa	84.2	61.1	60.0	13.7	4.2	0.0	1.1	98.9	33	
	Rautahat	94.9	82.7	80.6	60.2	94.9	0.0	40.8	59.2	123	
	Bara	89.9	85.9	82.8	47.5	99.0	0.0	29.3	70.7	119	
	Parsa	89.0	79.0	79.0	64.0	92.0	0.0	41.0	59.0	100	
	Chitwan	69.1	77.3	35.1	58.8	96.9	1.0	10.3	89.7	55	
	Nawalparasi	73.7	93.9	57.6	65.7	96.0	23.3	0.0	40.4	59.6	
	Banke	45.5	81.8	46.5	52.5	85.9	44.4	1.0	11.1	88.9	90
	Bardiya	70.1	85.6	54.6	55.7	95.9	34.0	0.0	30.9	69.1	113
Bajura	37.8	74.4	36.7	32.2	90.0	66.7	3.3	4.4	95.6	35	
Kailali	76.8	79.8	60.6	71.7	91.9	36.4	0.0	23.2	76.8	171	
Kanchanpur	86.5	69.8	72.9	74.0	99.0	3.1	1.0	30.2	69.8	101	
Total	74.4	77.7	62.7	62.8	90.9	31.1	0.2	21.3	78.7	1,665	
Other districts	Dhankuta	88.5	80.2	78.1	69.8	89.6	0.0	37.5	62.5	42	
	Saptari	77.0	67.0	70.0	67.0	94.0	18.0	0.0	16.0	84.0	144
	Sarlahi	68.7	85.9	82.8	19.2	56.6	66.7	0.0	2.0	98.0	43
	Nuwakot	85.9	85.9	50.5	55.6	96.0	39.4	0.0	22.2	77.8	144
	Makwanpur	87.8	97.3	73.0	58.1	100.0	5.4	0.0	41.9	58.1	50
	Tanahu	60.2	94.9	64.3	71.4	98.0	7.1	0.0	51.0	49.0	56
	Kaski	55.6	82.8	31.3	16.2	90.9	27.3	0.0	1.0	99.0	105
	Rupandehi	53.5	80.8	50.5	19.2	81.8	16.2	1.0	3.0	97.0	170
	Dang	56.8	90.5	51.6	60.0	93.7	26.3	1.1	24.2	75.8	104
	Total	68.5	82.9	56.7	46.8	90.8	24.6	0.3	17.8	82.2	859

7.1.2 Iron Tablet Distribution

FCHVs in an increasing number of districts are being trained to give iron tablets to pregnant women in their community. This is mostly occurring under the governments "Iron Intensification Program" supported by the Micronutrients Initiative, but also is supported by UNICEF and PLAN in selected districts. Figure 7.2 below (and Table 7.5) shows that there is a fairly clear division between districts in which most FCHVs report doing this activity and districts where they do not. Of the twelve districts in which over 80% of FCHVs report giving iron to pregnant women, nine are the districts covered by these programs. The three others (Rasuwa, Bardiya, and Makwanpur) may have had iron intensification introduced under other programs.

The number of FCHVs who actually had iron tablets with them at the time of the survey is given in Figure 7.3. As would be expected, this is more common in districts where FCHVs give iron tablets, but some districts have shortages among FCHVs. Siraha is a special case since its FCHVs had just been given iron and training at the time of the survey, but had not yet started distributing iron.

The program to provide iron/folate to FCHVs clearly has impact. In districts where this is common almost three-quarters of women counseled by FCHVs receive iron from the FCHV where as this is only 22 percent in districts where this program is uncommon (unweighted average). In program districts nearly half of all pregnant women receive iron from an FCHV (by FCHV estimates).

Figure 7.2: FCHVs Distribute Iron/Folate

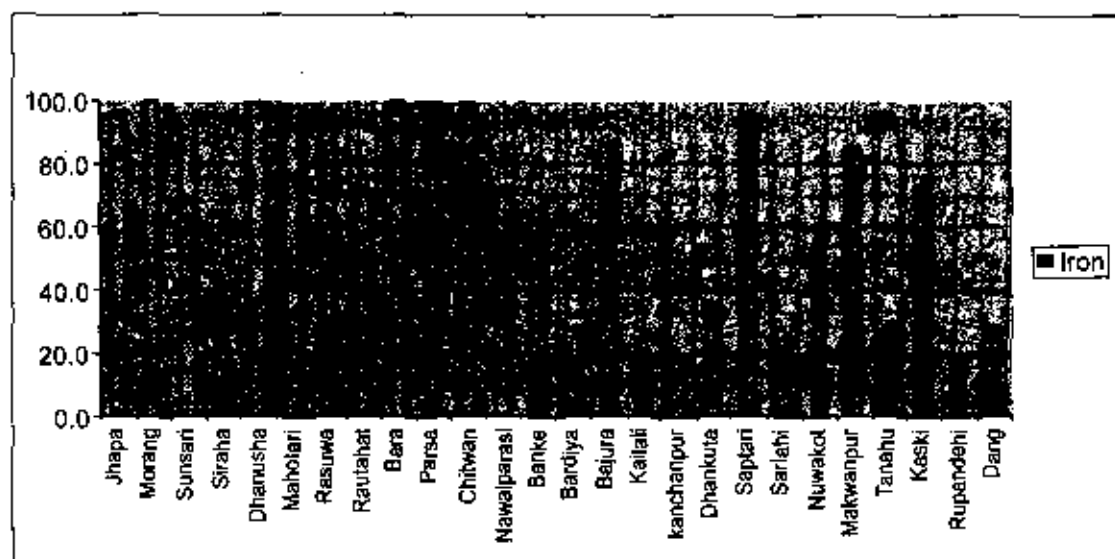
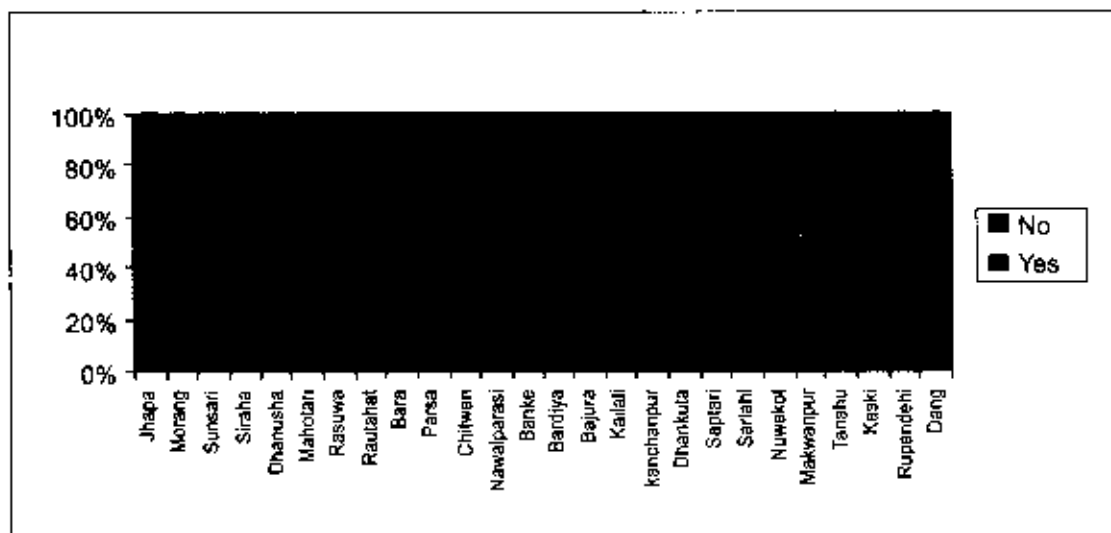


Figure 7.3: FCHVs with Iron Tablets



7.1.3 Coverage of Iron Tablets from FCHVs

FCHVs were asked how many pregnant women they had provided iron tablets during the past year. The total for each district was adjusted for the proportion of all FCHVs interviewed and compared to the estimated births per year in that district. The results in Figure 7.4 and Table 7.5 show that overall, an estimated 35 percent of all pregnant women in the 26 districts received iron from FCHVs. As expected, districts without an FCHV iron distribution program have much lower coverage. If these figures are correct, they indicate that FCHVs are a good method to reach a large proportion of pregnant women with iron supplementation and may be able to complement iron provided by health facilities.

Figure 7.4: Estimated Pregnancies with FCHV Provided Iron Tablets

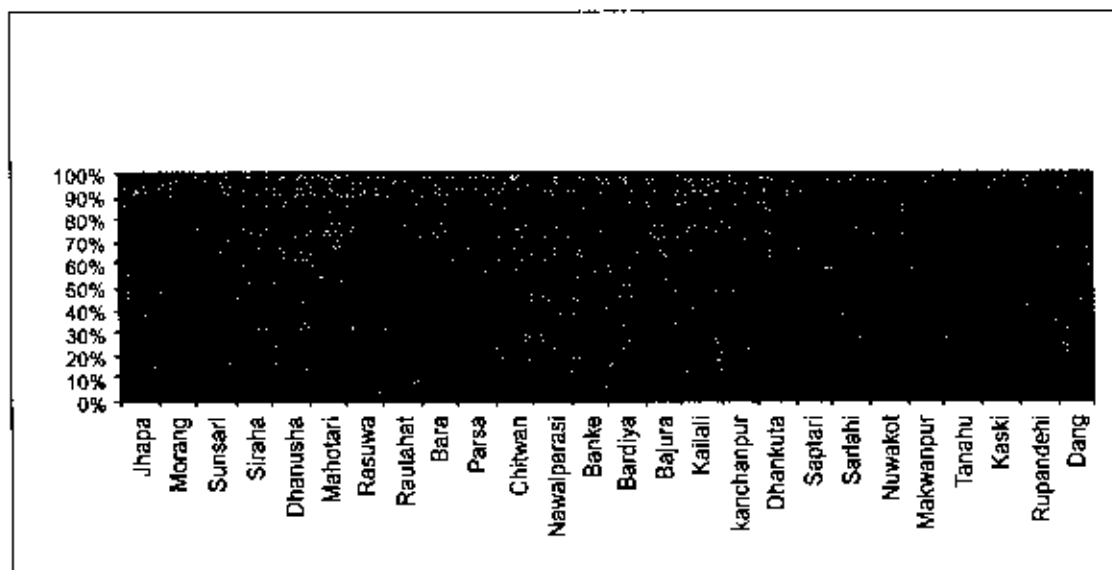


Table 7.5: Percentage Distribution of FCHVs, by districts, according to the provision of Iron Tablet to pregnant women and Vitamin A to postpartum women in last 12 months

	Distribution of		No. of pregnant women to whom provided Iron tab.					No. of postpartum women to whom provided Vitamin A					Total N
	Iron Tablet to pregnant women	Vitamin A to postpartum women	0	1-5	6-10	11+	Do not know	0	1-5	6-10	11+	Do not know	
NFRP districts													
Dhapa	96.0	98.0	4.0	7.1	17.2	70.7	1.0	2.0	12.1	31.3	52.5	2.0	60
Morang	99.0	100.0	1.0	17.0	19.0	63.0	0.0	0.0	24.0	23.0	53.0	0.0	79
Sunseri	96.0	95.0	4.0	24.0	32.0	40.0	0.0	5.0	30.0	43.0	22.0	0.0	144
Siraha	38.0	86.0	62.0	19.0	9.0	10.0	0.0	14.0	32.0	36.0	18.0	0.0	129
Dhankuta	99.0	99.0	1.0	12.2	26.5	69.2	0.0	1.0	13.3	44.9	40.8	0.0	123
Mahabari	98.0	94.9	2.0	4.0	30.3	63.6	0.0	5.1	16.2	41.4	37.4	0.0	92
Rasuwa	91.6	89.5	8.4	41.1	42.1	8.4	0.0	10.5	52.6	31.6	5.3	0.0	33
Raushahi	69.4	96.9	30.6	3.1	16.3	50.0	0.0	3.1	9.2	31.6	56.1	0.0	123
Bara	100.0	99.0	0.0	8.1	36.4	55.6	0.0	1.0	8.1	32.3	58.6	0.0	119
Parsa	100.0	100.0	0.0	6.0	32.0	62.0	0.0	0.0	14.0	41.0	45.0	0.0	100
Chitwan	99.0	97.9	1.0	14.4	32.0	52.6	0.0	2.1	33.0	37.1	27.8	0.0	55
Nawalparasi	70.7	97.0	29.3	30.3	23.2	17.2	0.0	3.0	26.3	42.4	28.3	0.0	96
Banke	66.7	89.9	33.3	13.1	19.2	34.3	0.0	10.1	33.3	28.3	28.3	0.0	90
Bardiya	27.8	83.5	72.2	9.3	9.3	9.3	0.0	16.5	32.0	30.9	17.5	3.1	113
Bajura	86.7	88.9	13.3	27.8	37.8	18.9	2.2	11.1	37.8	28.9	18.9	3.3	35
Kailali	20.2	98.0	79.8	7.1	3.0	10.1	0.0	2.0	18.2	33.3	46.5	0.0	171
Kanchanpur	17.7	100.0	82.3	8.3	2.1	7.3	0.0	0.0	20.8	28.1	50.0	1.0	101
Total	76.1	95.2	29.9	13.1	20.5	36.4	0.1	4.8	22.2	35.1	37.4	0.4	1665
Other districts													
Dhankuta	36.5	64.6	63.5	20.8	9.4	0.0	0.0	35.4	50.0	7.3	7.3	0.0	42
Saptari	96.0	98.0	4.0	2.0	12.0	0.0	0.0	2.0	6.0	43.0	49.0	0.0	144
Sarlahi	24.2	21.2	75.8	11.1	8.1	0.0	0.0	78.8	13.1	1.0	7.1	0.0	43
Nuwakot	53.5	66.7	46.5	35.4	9.1	0.0	0.0	33.3	46.5	11.1	9.1	0.0	144
Makwanpur	85.1	97.3	14.9	29.7	20.3	0.0	0.0	2.7	28.4	31.1	37.8	0.0	50
Tanahu	28.6	69.4	71.4	20.4	6.1	0.0	0.0	30.6	44.9	17.3	7.1	0.0	56
Kaski	72.7	82.8	27.3	52.5	19.2	0.0	0.0	17.2	63.6	18.2	1.0	0.0	105
Rumandehi	19.2	72.7	80.8	13.1	3.0	3.0	0.0	27.3	43.4	18.2	11.1	0.0	170
Dang	28.4	83.2	71.6	12.6	10.5	5.3	0.0	16.8	41.1	25.3	15.8	1.1	104
Total	51.1	76.7	48.9	21.5	10.2	19.4	0.0	23.3	37.9	21.3	17.4	0.1	899

7.2 Delivery Care

FCHVs are not expected to attend deliveries, but some FCHVs do this either as a TBA or just as a neighbor or relative of women who deliver. The survey asked FCHVs how many deliveries they had been present at in the past year, whether they considered themselves to be a TBA and whether they had been trained as a TBA.

Overall about 19 percent of FCHVs in the 26 districts report that they are also a TBA. About two-thirds of these FCHV-TBAs report having received TBA training (Table 7.6). Dalit FCHVs are more likely to work as TBAs (32%), as are FCHVs with less education.

Table 7.6: Percentage distribution of FCHVs, by districts, according to whether worked as a TBA and received TBA training

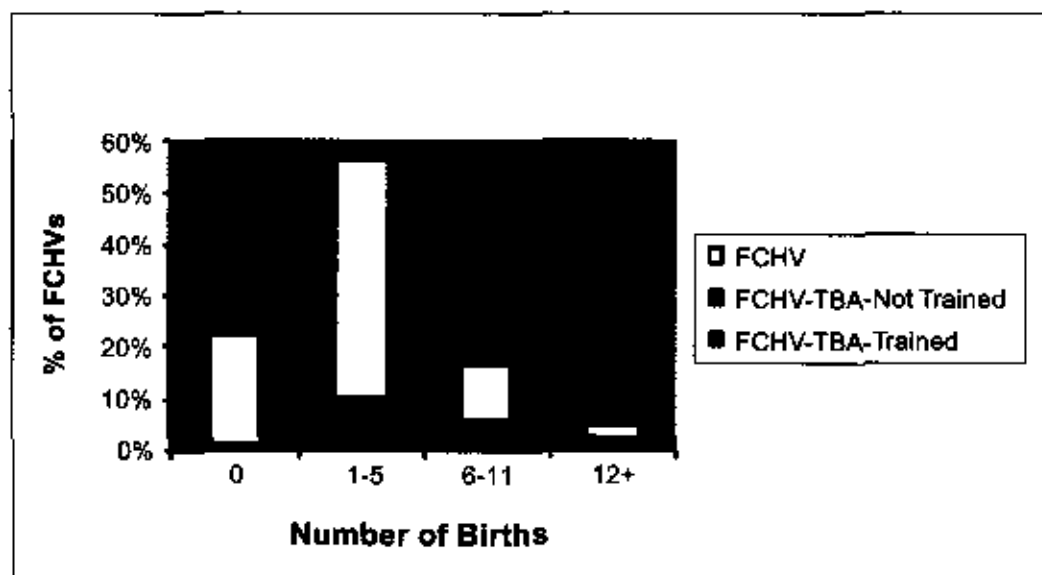
		Worked as a TBA	Ever received training for TBAs	Total N
NFHP districts	Jhapa	11.1	2.0	60
	Morang	20.0	13.0	79
	Sunsari	15.0	10.0	144
	Siraha	20.0	19.0	129
	Dhanusha	19.4	12.2	123
	Mahotari	16.2	12.1	92
	Rasuwa	22.1	16.8	33
	Rautahat	30.6	15.3	123
	Bara	31.3	28.3	119
	Parsa	12.0	12.0	100
	Chitwan	27.8	20.6	55
	Nawalparasi	10.1	8.1	96
	Banke	23.2	17.2	90
	Bardiya	18.6	12.4	113
	Bajura	23.3	8.9	35
	Kailali	11.1	6.1	171
Kanchanpur	18.8	17.7	101	
Total		19.0	13.6	1665
Other districts	Dhankuta	26.0	15.6	42
	Saptari	13.0	5.0	144
	Sarlahi	21.2	6.1	43
	Nuwakot	10.1	8.1	144
	Makwanpur	44.6	23.0	50
	Tinahi	28.6	24.5	56
	Kaski	20.2	14.1	105
	Rupandehi	16.2	7.1	170
	Dang	15.8	16.8	104
Total		18.3	11.4	859

Somewhat surprisingly, most FCHVs report having been present at a delivery during the past year, regardless of whether they consider themselves TBAs or not. In fact, these non-TBA FCHVs were present at more births than those who consider themselves TBAs. The mean and median number of births for a TBA is only about twice that of a non-TBA. TBAs on average only attend 6-7 births per year. If this is typical for all TBAs it means that a very large number of TBAs would need to be trained to cover all TBA births in a locality. In Nepal, most home births are not attended by a TBA in any case. (Figure 7.5 and Table 7.7.)

Table 7.7: Births with an FCHV present according to whether they are also TBAs

	Births present at last year				Births per FCHV			
	0	1-5	6-11	12+	FCHVs	Births	Mean	Median
FCHV-TBA-Trained	0.7%	5.4%	3.6%	1.6%	284	1,966	6.9	5
FCHV-TBA-Not Trained	0.6%	4.6%	2.3%	1.1%	219	1,353	6.2	4
FCHV	21.2%	45.6%	11.1%	2.1%	2,019	6,136	3.0	2
All FCHVs	22.5%	55.7%	17.0%	4.8%	2,522	9,455	3.7	3

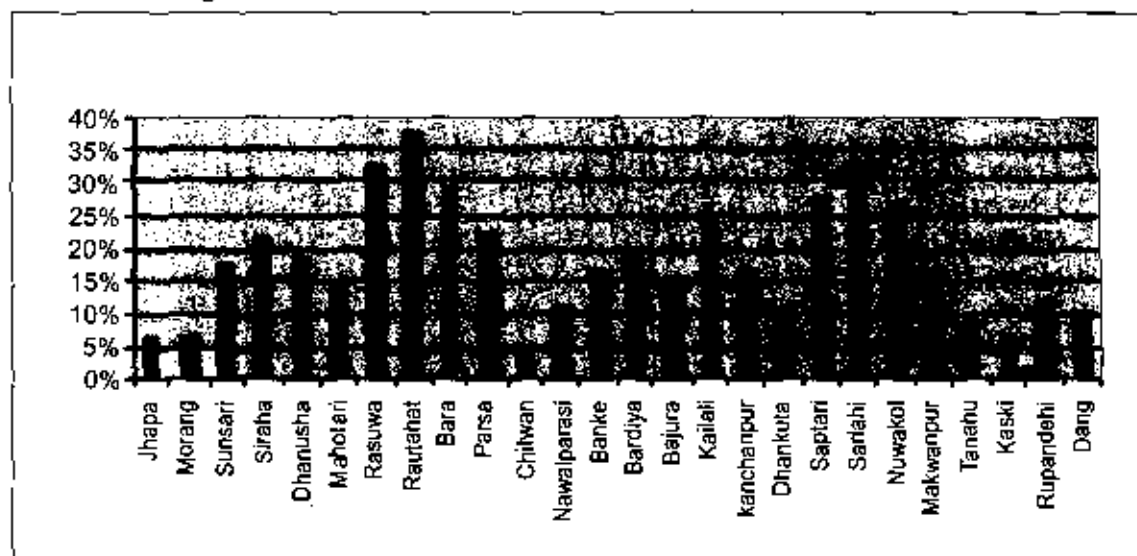
Figure 7.5: Distribution of FCHVs According to Number of Birth Present at Last Year



Taking the total number of births with an FCHV present for each district as reported in the survey, this was applied to the entire population of FCHVs in that district and compared to an estimated number of births per year (with a birth rate of 33/1000). The results are given in Figure 7.6 and Table 7.9. Estimated coverage of births by FCHVs averages 18% across the 26 districts in the survey. It is highest in those districts with higher rates of FCHVs who are TBAs and tends to be lower in districts in which FCHVs cover larger populations (e.g. Jhapa, Morang, Chitwan).

At least in selected districts, FCHVs appear to already be present at a significant minority of births, and it may be reasonable to train them in both maternal and essential newborn care.

Figure 7.6: Percent of Estimated Births with FCHV Present



7.3 Post-Partum Care

FCHVs were asked whether they make visits to women at home after birth. Nearly all FCHVs (98%) report that they carry out this activity. When asked how long after the birth this was for the most recent woman visited over 75% said that it was within three days. (Table 7.8).

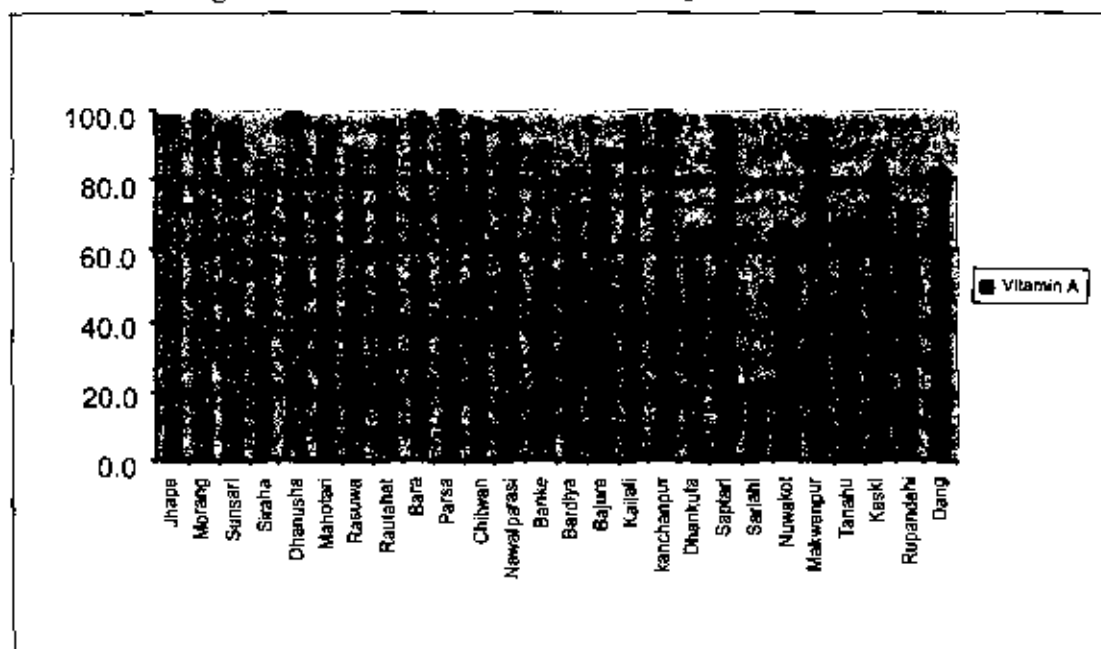
Table 7.8: Percentage distribution of FCHVs, by districts, according to the days after the child birth that FCHVs visited the last woman

NFHP districts	Visits to women	Total N	No of days after the child birth -that FCHVs visited for last woman					Total N
			Same day	1-3 days	3-7 days	8+ days	Can not say	
Jhapa	100.0	60	13.1	27.3	42.4	17.2	0.0	60
Morang	99.0	79	36.4	42.4	17.2	4.0	0.0	78
Sunsari	98.0	144	13.3	52.0	20.4	14.3	0.0	141
Siraha	99.0	129	46.5	34.3	16.2	3.0	0.0	128
Dhanusha	100.0	123	44.9	43.9	9.2	2.0	0.0	123
Mahotari	93.9	92	41.9	41.9	14.0	2.2	0.0	87
Rasuwa	85.3	33	37.0	38.3	24.7	0.0	0.0	28
Rautahat	98.0	123	38.5	44.8	15.6	1.0	0.0	120
Bara	99.0	119	22.4	68.4	9.2	0.0	0.0	118
Parsa	99.0	100	21.2	44.4	29.3	5.1	0.0	99
Chitwan	99.0	55	33.3	41.7	20.8	4.2	0.0	54
Nawalparasi	98.0	96	40.2	40.2	15.5	4.1	0.0	94
Banke	99.0	90	33.7	46.9	14.3	4.1	1.0	89
Bardiya	100.0	113	16.5	51.5	28.9	3.1	0.0	113
Bajura	94.4	35	27.1	28.2	27.1	16.5	1.2	33
Kailali	99.0	171	20.4	58.2	18.4	3.1	0.0	170
Kanchanpur	100.0	101	36.5	41.7	14.6	7.3	0.0	101
Total	98.4	1,665	30.3	46.3	18.5	4.9	0.1	1638

		Visits to women after she give birth	Total N	No of days after the child birth -that FCHVs visited for last woman				Total N
				Same day	1-3 days	3-7 days	8+ days	
Other districts	Dhankuta	97.9	42	21.3	44.7	24.5	9.6	41
	Saptari	100	144	53	26	17	4	144
	Sarlahi	94.9	43	30.9	42.6	19.1	7.4	41
	Nuwakot	100	144	14.1	68.7	12.1	5.1	144
	Makwanpur	98.6	50	13.7	67.1	13.7	5.5	50
	Tanahu	99	56	33	44.3	14.4	8.2	56
	Kaski	100	105	29.3	46.5	14.1	10.1	105
	Rupandehi	98	170	43.3	39.2	9.3	8.2	166
	Dang	93.7	104	24.7	49.4	22.5	3.4	97
Total	98.3	859	32	46.5	15	6.5	845	

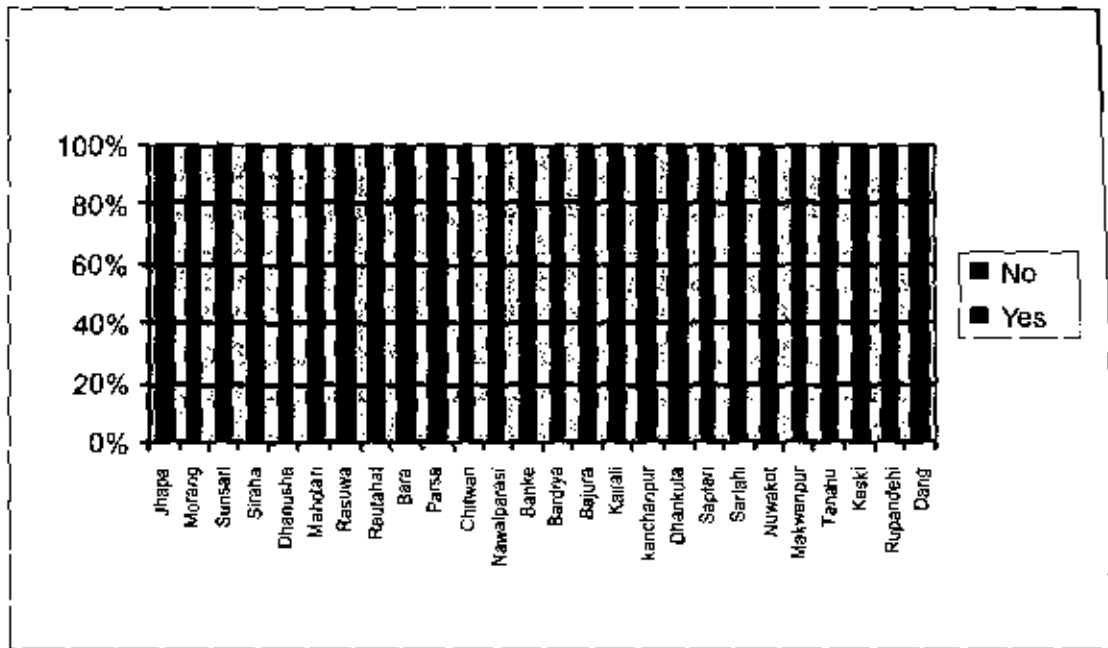
FCHVs were also asked whether they provide Post-partum Vitamin A capsules to new mothers. Again coverage was high, ranging from 84 percent to 100 percent in NFHP districts and from 65 percent to 98 percent in other districts, with the exception of Sarlahi at only 21 percent (Figure 7.7)

Figure 7.7: FCHVs Distribute Post-partum Vitamin A



When asked whether they had any high dose vitamin A, there was a mixed picture, with 68 percent of FCHVs in NFHP districts and 43 percent of other FCHVs having this commodity on hand. (Figure 7.8 and Table 4.6).

Figure 7.8: FCHVs with Vitamin A



Finally, FCHVs were asked how many women they had provided post-partum vitamin A to in the past 12 months. This is included in Table 7.5 above. Again the rates reported were compared with the expected number of births in each district and the estimated coverage is given in Figure 7.9 and Table 7.9. Overall this is 39 percent of post-partum women covered.

Figure 7.9: Estimated Percent of Post-partum Women Getting Vitamin A from an FCHV

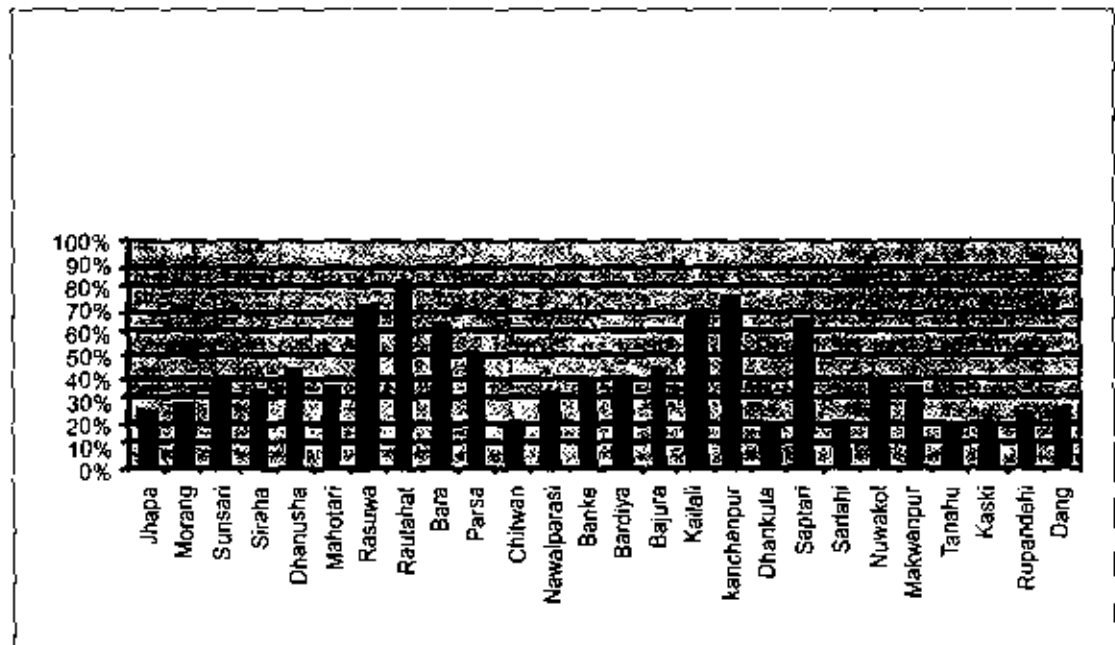


Table 7.9: FCHV reported maternal care services compared to estimated births

District	District Population	FCHVs	Pop /FCHV	Estimated Births	% Counseled in Pregnancy	% Iron in Pregnancy	% Birth with FCHV present	% Post-Partum Vitamin A
Jhapa	745,069	445	1,674	24,587	36	28	7	24
Morang	914,799	585	1,564	30,188	55	38	7	28
Sunsari	683,032	1,064	642	22,540	64	50	17	37
Siraha	619,271	954	649	20,436	71	14	22	33
Dhanusha	728,555	909	801	24,042	56	56	18	43
Mahottari	597,790	684	874	19,727	67	51	15	35
Rasuwa	48,340	245	197	1,595	98	90	32	71
Rautahat	590,554	909	650	19,488	107	65	38	82
Bara	608,484	882	690	20,080	69	67	29	64
Parsa	541,383	738	734	17,866	58	61	22	49
Chitwan	516,098	405	1,274	17,031	52	29	5	19
Nawalparasi	617,188	713	866	20,367	39	20	11	32
Barke	424,152	665	638	13,997	62	37	17	37
Bardiya	420,863	837	503	13,888	58	15	20	36
Bajura	116,493	262	445	3,844	75	48	16	43
Kailali	684,718	1,268	540	22,596	113	15	24	69
Kanchanpur	417,139	835	500	13,766	107	17	17	75
Dhankuta	178,604	315	567	5,894	53	13	11	18
Saptari	617,042	1,078	572	20,362	107	88	28	65
Sarlahi	688,160	1,324	520	22,709	126	18	33	17
Nuwakot	310,452	1,080	287	10,245	81	35	27	38
Makwanpur	426,897	378	1,129	14,088	44	30	17	35
Tanahu	340,113	423	804	11,224	31	5	8	16
Kaski	414,548	790	525	13,680	47	17	7	19
Rupandehi	774,849	1,274	608	25,570	68	6	12	23
Dang	503,821	779	647	16,626	52	9	10	27
Total	13,528,414	19,841	18,900	446,438	69	35	18	39

7.4 Family Planning

One of the principle jobs of FCHVs is to serve as family planning motivators and educators. FCHVs frequently help identify and refer clients for sterilization procedures, which remain the most popular form of family planning in Nepal. They can also refer women for Depo-Provera shots and they can directly provide pills and condoms, which they are expected to carry with them.

This survey did not ask about FCHVs as family planning educators or their role in sterilizations, but it did ask about their general interpersonal communication approach, their supplies and provision of pills and condoms, and their referrals for Depo-Provera.

FCHVs were asked a generic question about the "things an FCHV should do to have good rapport with a client?" All spontaneous answers were recorded. 54

Table 7.10: FCHVs and how to establish good rapport with a client

Activities to Establish Good Rapport	% FCHVs
Ask about the client's health problems	83
Provide information relevant to the client's needs	81
Listen carefully to the client	65
Treat client with respect and courtesy	59
Greet client hospitably	58
Smile and use eye contact	19
Assure client's confidentiality	18

No systematic difference was found between NFHP and non-NFHP districts on the specific answers or the total number of answers given. There was considerable difference between individual districts on how often specific answers were given, but there was no consistent geographic pattern, or pattern by age, ethnic/caste or experience of the FCHVs (Table 7.11 has district details).

Table 7.11: Percentage distribution of FCHVs by districts according to their knowledge of the need to have a good rapport with a client (IPC skills)

		Great Client Hospitality A	Eye Contact with Smiling Face B	Listening Carefully C	Assure Client's Confidenti- ality D	Ask About Client's Health Problems E	Provide Information relevant to Clients need F	Treat Client with respect and courtesy G	Others	All Responses (A-G)	Total N
NFHP districts	Jhapa	74.7	7.1	84.8	37.4	92.9	87.9	58.6	7.1	0.0	60
	Morang	78.0	35.0	85.0	38.0	91.0	78.0	95.0	1.0	11.0	79
	Sunsari	13.0	10.0	61.0	4.0	94.0	87.0	77.0	7.0	0.0	144
	Siraha	61.0	15.0	42.0	1.0	58.0	57.0	65.0	3.0	0.0	129
	Dhanusha	51.0	33.7	81.6	17.3	76.5	76.5	41.8	6.1	0.0	123
	Mahottari	80.8	17.2	25.3	5.1	73.7	64.6	65.7	0.0	0.0	92
	Rautaha	50.5	48.4	54.7	63.2	62.1	61.1	52.6	1.1	6.3	33
	Rautahat	87.8	32.7	78.6	23.5	86.7	76.5	67.3	1.0	3.1	123
	Bara	70.7	15.2	89.9	11.1	81.8	80.8	60.6	0.0	0.0	119
	Paras	68.0	52.0	78.0	45.0	88.0	83.0	50.0	1.0	6.0	100
	Chitwan	36.1	8.2	63.9	2.1	91.8	93.8	44.3	0.0	0.0	55
	Nawalparasi	77.8	20.2	85.9	20.2	75.8	77.8	63.6	2.0	2.0	96
	Banke	62.6	18.2	53.5	10.1	83.8	85.9	56.6	0.0	0.0	90
	Bardiya	38.8	24.7	75.3	15.5	76.3	88.7	59.8	3.1	6.2	113
Bajura	31.1	12.2	14.4	0.0	95.6	100.0	23.3	0.0	0.0	35	
Kailali	48.5	24.2	31.3	2.0	87.9	79.8	36.4	1.0	0.0	171	
Kanchanpur	59.4	6.2	37.5	39.6	85.4	79.2	95.8	1.0	1.0	101	
Total		59.5	22.2	62.0	17.1	82.2	79.1	68.7	2.2	1.8	1,665
Other districts	Dhankuta	90.0	29.2	66.7	11.5	88.5	85.4	70.8	3.1	1.0	42
	Saptari	63.0	14.0	97.0	29.0	92.0	90.0	70.0	0.0	1.0	144
	Sarlahi	62.6	8.1	81.8	6.1	91.9	82.8	42.4	4.0	0.0	43
	Nuwakot	56.6	1.0	83.8	10.1	85.9	84.8	47.5	1.0	0.0	144
	Makwanpur	79.7	29.7	86.5	21.6	91.9	89.2	44.6	0.0	4.1	50
	Tanahu	59.1	14.3	74.5	24.5	89.8	98.0	67.3	1.0	2.0	56
	Kaeki	29.3	19.2	45.5	26.3	75.8	81.8	36.4	1.0	0.0	105
	Rupendehi	53.5	17.2	44.4	24.2	68.7	76.8	48.5	0.0	0.0	170
	Dang	47.4	4.2	83.2	13.7	97.9	98.9	69.5	0.0	0.0	104
Total		53.7	13.9	72.1	20.8	84.8	86.5	54.8	0.7	0.6	859

In terms of carrying and distributing pills and condoms, results by district showed that FCHVs in NFHP districts, by and large, were much better at carrying pills (81%) and condoms (84%) than those in non-NFHP districts (43% and 38% respectively). (Figures 7.10 and 7.11 and Table 4.1). Among FCHVs out of stock at the time of the survey, nearly half (46%) of those outside NFHP districts attributed this to "no need for stock due to lack of clients" vs. a smaller proportion of the fewer FCHVs out of stock under NFHP. In terms of numbers of clients served in the month prior to the survey, for pills NFHP district FCHVs report a mean of 2.5 clients vs. 1.3 in other districts, (Table 7.3 , Figure 7.10) and for

condoms the difference is a mean of 3.0 clients vs. 1.2. Only Makwanpur in the non-NFHP districts showed high rates of supplies and coverage (Figure 7.11 and 7.12)

This difference in performance and attitude is clearly due to the special attention to family planning that is included under the NFHP program. In the baseline survey for NFHP in 2002 the rate of pills and condoms with FCHVs was only 28 percent and 33 percent and it immediately improved once the project started.

On the other hand, results for referrals for Depo-Provera showed no difference on average between NFHP and non-NFHP districts (and Makwanpur was an outlier with very high rates of Depo-Provera referral). (Table 7.14)

Results by caste/ethnic group or age of the FCHV did not show strong tendencies, with the possible exception that Muslim FCHVs were somewhat more likely to refer women for Depo-Provera than others. There was a slight tendency of older FCHVs to refer more women for Depo-Provera and for FCHVs age 30-39 to provide more pills or condoms.

Overall, according to the 2001 DHS, relatively few couples report the FCHV to be a source of family planning services, although they may be more important as a source of education, motivation and referral.

Figure 7.10: FCHVs with Pills

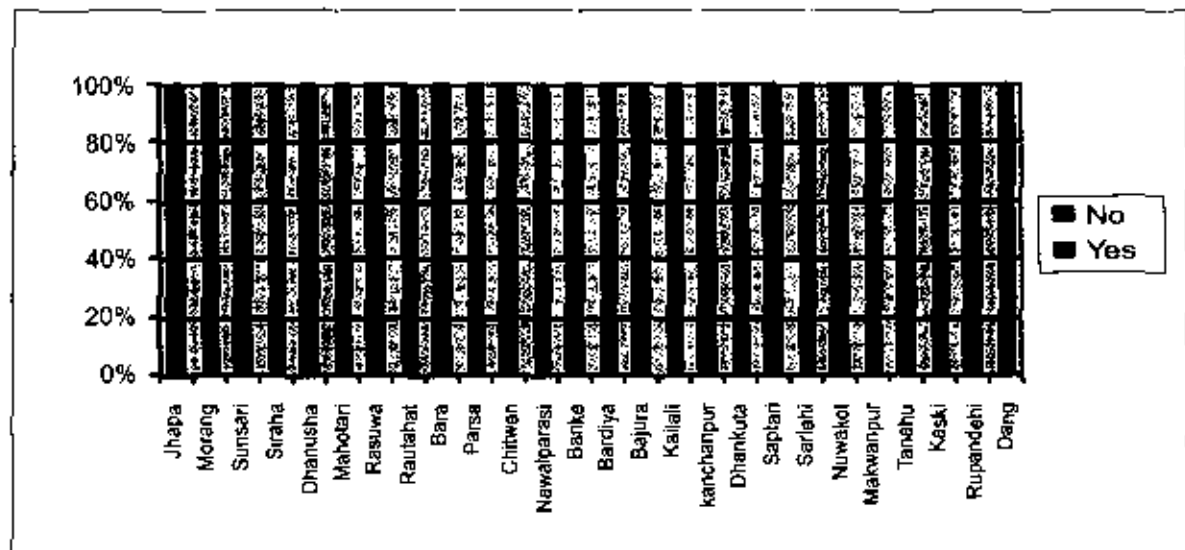


Figure 7.11: FCHVs with Condoms

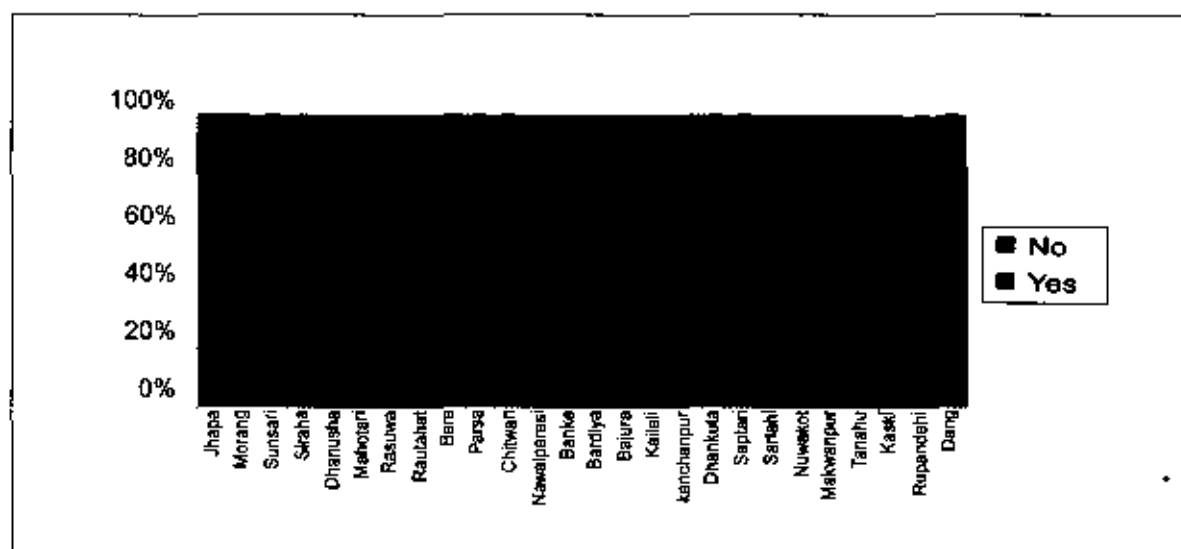


Table 7.12: Percentage distribution of FCHVs, by districts, according to the number of persons who were distributed condoms in the last one month

		No. of People					Total		Mean	Median
		None	1-5	6-10	11+	DK	%	N		
NFHP districts	Jhapa	28.3	65.7	6.1	0.0	0.0	100.0	60	2.0	2.0
	Morang	24.0	59.0	16.0	1.0	0.0	100.0	79	3.1	2.0
	Sunsari	46.0	52.0	2.0	0.0	0.0	100.0	144	1.3	1.0
	Siraha	27.0	68.0	3.0	2.0	0.0	100.0	129	2.1	2.0
	Dhanusha	21.4	67.3	10.2	1.0	0.0	100.0	123	2.8	2.0
	Mahotari	23.2	57.6	16.2	3.0	0.0	100.0	92	3.1	3.0
	Rasuwa	37.9	58.9	3.2	0.0	0.0	100.0	33	1.7	1.7
	Rautahat	39.8	38.8	14.3	7.1	0.0	100.0	123	3.9	2.0
	Bara	17.2	75.8	5.1	2.0	0.0	100.0	119	3.0	3.0
	Parsa	17.0	59.0	20.0	3.0	1.0	100.0	100	3.9	3.0
	Chitwan	27.8	55.7	10.3	6.2	0.0	100.0	55	3.6	2.0
	Nawalparasi	39.4	42.4	12.1	6.1	0.0	100.0	96	3.0	1.0
	Banke	31.3	64.6	3.0	1.0	0.0	100.0	90	2.3	2.0
	Bardiya	27.8	63.9	6.2	2.1	0.0	100.0	113	2.6	2.0
Rajura	63.3	36.7	0.0	0.0	0.0	100.0	35	0.7	0.0	
Kailali	17.2	48.5	19.2	15.2	0.0	100.0	171	5.3	4.0	
Kanchanpur	14.6	65.6	12.5	7.3	0.0	100.0	101	4.1	3.0	
Total		27.8	58.8	10.1	4.1	0.1	100.0	1,665	3.0	2.0
Other districts	Dhankuta	83.3	16.7	0.0	0.0	0.0	100.0	42	0.9	0.0
	Saptari	48.0	43.0	7.0	2.0	0.0	100.0	144	1.3	1.0
	Sarlahi	90.9	6.1	2.0	1.0	0.0	100.0	43	0.5	0.0
	Nuwakot	73.7	26.3	0.0	0.0	0.0	100.0	144	0.6	0.0
	Makwanpur	43.2	40.5	12.2	4.1	0.0	100.0	50	2.3	1.0
	Tanahu	81.6	17.3	1.0	0.0	0.0	100.0	56	0.4	0.0
	Kaski	73.7	24.2	2.0	0.0	0.0	100.0	105	0.7	0.0
	Rupandehi	63.6	30.3	4.0	2.0	0.0	100.0	170	1.4	0.0
Dang	77.9	15.8	1.1	5.3	0.0	100.0	104	1.5	0.0	
Total		68.0	27.1	3.2	1.7	0.0	100.0	859	1.2	0.0

Table 7.13: Percentage Distribution of FCHVs, by districts, according to the number of People distributed Pills in the last one month

		No. of people				Total		Mean
		None	1-5	6-10	11+	%	N	
NFHP districts	Jhapa	11.1	57.6	25.3	6.1	100.0	60	4.9
	Morang	11.0	61.0	17.0	11.0	100.0	79	4.6
	Sunsari	35.0	58.0	6.0	1.0	100.0	144	2.0
	Siraha	46.0	53.0	1.0	0.0	100.0	129	1.2
	Dhanusha	43.9	51.0	5.1	0.0	100.0	123	1.6
	Mahotari	30.3	65.7	3.0	1.0	100.0	92	2.1
	Rasuwa	53.7	42.1	4.2	0.0	100.0	33	1.1
	Rautahat	39.8	52.0	5.1	3.1	100.0	123	3.0
	Bara	57.6	37.4	4.0	1.0	100.0	119	1.2
	Parsa	54.0	44.0	2.0	0.0	100.0	100	1.2
	Chitwan	25.8	57.7	11.3	5.2	100.0	55	3.2
	Nawalparasi	36.4	54.5	7.1	2.0	100.0	96	2.1
	Banke	32.3	58.6	9.1	0.0	100.0	90	2.0
	Bardiya	50.5	44.3	3.1	2.1	100.0	113	1.6
	Bajura	44.4	45.6	8.9	1.1	100.0	35	1.9
Kailali	23.2	44.4	26.3	6.1	100.0	171	4.3	
Kanchampur	22.9	55.2	15.6	6.2	100.0	101	3.6	
Total		36.7	51.6	9.1	2.6	100.0	1,665	2.5
Other districts	Dhankuta	66.7	30.2	3.1	0.0	100.0	42	0.9
	Saptari	59.0	36.0	5.0	0.0	100.0	144	1.3
	Sirishi	92.9	5.1	0.0	2.0	100.0	43	0.6
	Nuwakot	69.7	30.3	0.0	0.0	100.0	144	0.6
	Makwanpur	25.7	60.8	6.8	6.8	100.0	50	3.7
	Tanahu	66.3	32.7	1.0	0.0	100.0	56	0.8
	Kaski	74.7	23.2	2.0	0.0	100.0	105	0.6
	Rupandehi	55.6	38.4	4.0	2.0	100.0	170	1.7
	Dang	64.2	29.5	3.2	3.2	100.0	104	1.7
Total		63.3	32.6	2.9	1.3	100.0	859	1.3

Table 7.14: Percentage Distribution of FCHVs, by districts, according to the number of people referred for Depo services in the last one month

		No. of people referred			Total		Mean	Median
		None	1-5	6+	%	N		
NFHP districts	Jhapa	13.1	77.8	9.1	100.0	60	3.1	3.0
	Morang	13.0	67.0	20.0	100.0	79	3.9	3.0
	Sunsari	26.0	62.0	12.0	100.0	144	2.6	2.0
	Siraha	25.0	71.0	4.0	100.0	129	2.2	2.0
	Dhanusha	23.5	69.4	7.1	100.0	123	2.6	2.0
	Mahotari	22.2	74.7	3.0	100.0	92	2.0	2.0
	Rasuwa	44.2	52.6	3.2	100.0	33	1.8	2.2
	Rautahat	24.5	60.2	15.3	100.0	123	2.9	2.0
	Bara	32.3	59.6	8.1	100.0	119	2.3	2.0
	Parsa	20.0	64.0	16.0	100.0	100	3.1	3.0
	Chitwan	32.0	61.9	6.2	100.0	55	2.1	1.0
	Nawalparasi	26.3	59.6	14.1	100.0	96	3.2	2.0
	Banke	21.2	66.7	12.1	100.0	90	2.9	2.0
	Bardiya	40.2	54.6	5.2	100.0	113	1.7	1.0
	Bajura	35.6	60.0	4.4	100.0	35	1.8	1.0
Kailali	39.4	53.5	7.1	100.0	171	1.8	1.0	
Kanchanpur	49.8	47.9	3.1	100.0	101	1.3	2.0	
Total		28.7	62.2	9.1	100.0	1,665	2.4	2.0
Other districts	Dhankuta	24.0	66.7	9.4	100.0	42	2.7	3.0
	Saptari	31.0	53.0	16.0	100.0	144	3.1	2.0
	Sarlahi	40.4	48.5	11.1	100.0	43	2.4	2.0
	Nuwakot	21.2	66.7	12.1	100.0	144	2.9	2.0
	Makwanpur	13.5	54.1	32.4	100.0	50	6.0	4.0
	Tanahu	34.7	61.2	4.1	100.0	56	1.8	1.1
	Kaski	37.4	57.6	5.1	100.0	105	1.5	1.1
	Rupandehi	25.3	58.6	16.2	100.0	170	3.5	2.0
Total		28.9	58.0	13.1	100.0	859	2.9	2.0

7.5 Catchment Populations and FCHV Estimates of Births

The survey results presented in Table 7.15 shows that majority of the FCHV's in NFHP districts were covering more than 50 households in their respective areas. For example, at the time of the survey, the highest percentage (41.3%) of the FCHVs was found covering 50 to 100 households and another 28 percent were covering 101 to 200 households. Slightly over 10 percent FCHVs were covering 201 or more households. Among the districts, the household coverage in Rasuwa was the lowest (less than 50 households were covered by 75 percent of the FCHVs) perhaps due to its geographical feature (hilly region). The largest household coverage was reported in Jhapa, Morang and Chitwan districts where 45 percent to 60 percent of the FCHVs reported of covering a total of 200 or more households. Similar scenario is observed in the other 9 districts as well. In these districts about 4 in every 10 FCHVs (42%) reported of covering 50 to 100 households and another 20 percent reported of covering 101 to 200 households. Compared to NFHP districts low percentage (6%) of FCHVs were covering 200 or more households in these districts (Table 7.15). About 5 percent of FCHVs had no idea about how many households were they covering or providing services to, particularly in selected districts with population based FCHV programs. (Table 7.15)

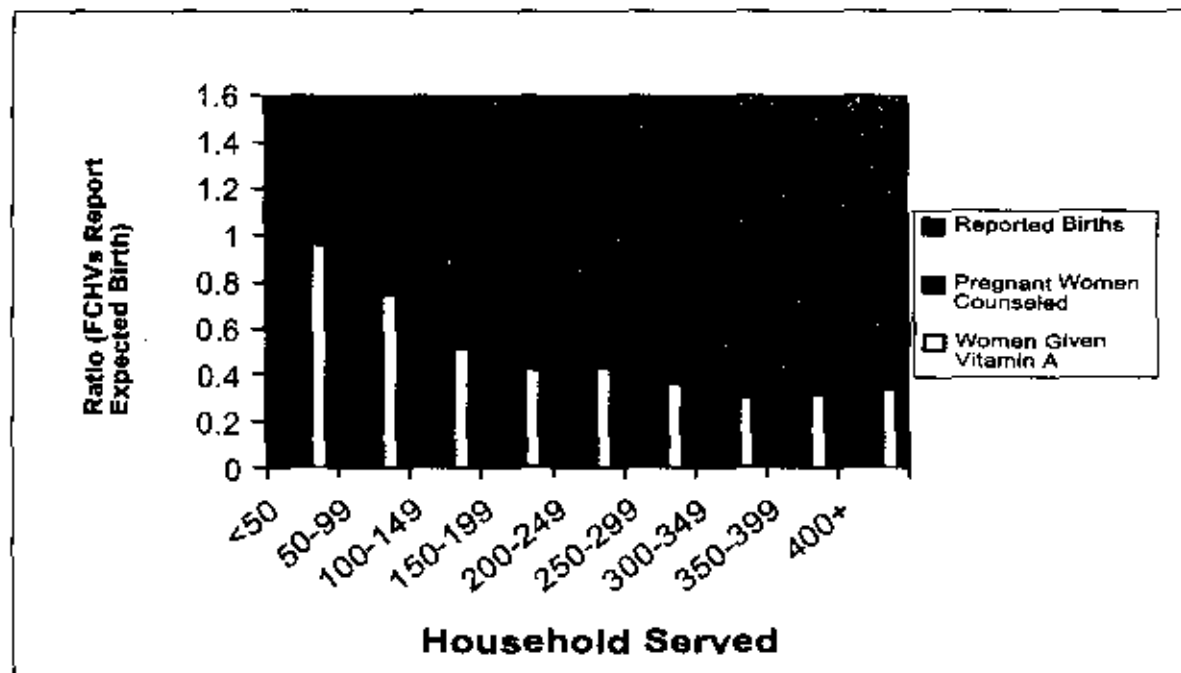
Table 7.15: Percentage distribution of FCHVs by districts according to the number of households covered and number of children born in their working area

		No. of households cover in the working area					No. of babies were born over the past 12 months in the working area					Total N
		<49	50-99	100-200	201+ (201-1490)	Can not say	<5	6-10	11-20	21+ (21-297)	Can not say	
NFHP districts	Jhapa	0.0	6.1	33.3	60.6	0.0	3.0	20.2	49.5	27.3	0.0	60
	Morang	9.0	11.0	27.0	53.0	0.0	12.0	18.0	25.0	45.0	0.0	79
	Sunsari	13.0	46.0	34.0	7.0	0.0	22.0	42.0	26.0	10.0	0.0	144
	Siraha	6.0	60.0	30.0	4.0	0.0	11.0	34.0	41.0	13.0	1.0	129
	Dhanusha	4.1	44.9	40.8	10.2	0.0	6.1	43.9	36.7	13.3	0.0	123
	Mahotari	2.0	33.3	48.5	16.2	0.0	5.1	28.3	54.5	12.1	0.0	92
	Rasuwa	74.7	22.1	3.2	0.0	0.0	56.8	34.7	6.3	2.1	0.0	33
	Rautahat	15.3	57.1	19.4	8.2	0.0	4.1	22.7	42.3	30.9	0.0	122
	Bara	25.3	46.5	21.2	7.1	0.0	7.1	30.3	38.4	24.2	0.0	119
	Parsa	26.0	58.0	11.0	3.0	0.0	8.0	33.0	40.0	18.0	1.0	100
	Chitwan	7.2	15.5	32.0	45.4	0.0	11.3	24.7	39.2	23.7	1.0	55
	Nawalparasi	13.1	25.3	39.4	22.2	0.0	14.1	42.4	28.3	15.2	0.0	96
	Banke	6.1	30.3	28.3	6.1	29.3	20.2	34.3	36.4	6.1	3.0	90
	Bardiya	11.3	48.5	25.8	2.1	12.4	21.6	49.5	16.5	5.2	7.2	113
	Bajura	25.6	50.0	8.9	5.6	10.0	11.1	38.9	38.9	4.4	6.7	35
Kailali	19.2	37.4	33.3	6.1	4.0	15.2	31.3	36.4	16.2	1.0	171	
Kanchanpur	18.9	57.9	14.7	4.2	4.2	17.7	30.2	42.7	7.3	2.1	101	
Total	14.2	41.3	28.3	12.9	3.3	13.2	33.6	35.7	16.3	1.2	1644	
Other districts	Dhankuta	20.8	46.9	26.0	6.2	0.0	31.2	38.5	25.0	5.2	0.0	42
	Saptari	8.0	57.0	29.0	6.0	0.0	8.0	34.0	46.0	12.0	0.0	144
	Sarlahi	15.2	53.5	27.3	3.0	1.0	8.1	19.2	38.4	31.3	3.0	43
	Nuwakot	43.4	52.5	4.0	0.0	0.0	53.5	23.2	21.2	2.0	0.0	144
	Makwanpur	20.5	30.1	23.3	26.0	0.0	18.9	18.9	32.4	29.7	0.0	50
	Tanahun	11.2	33.7	38.8	14.3	2.0	12.2	41.8	33.7	8.2	4.1	56
	Kanki	32.3	41.4	7.1	0.0	19.2	47.5	33.3	8.1	3.0	8.1	105
	Rupandehi	21.2	41.4	15.2	4.0	18.2	21.2	40.4	33.3	4.0	1.0	170
	Dang	2.1	12.6	34.7	7.4	43.2	7.4	30.5	25.3	6.3	59.5	104
	Total	20.8	42.1	28.3	5.6	11.6	25.1	32.1	29.2	8.4	5.3	859

Regarding the number of babies born in their working areas, the highest percentage of FCHVs (34-38%) in NFHP districts reported of 6 to 10 and 11 to 20 births in the last 12 months. Sixteen percent of the FCHVs also reported of the birth of more than 20 babies in their working areas. Similar trend is observed in other 9 districts as well. The highest percentage (61%) of the FCHVs in these districts reported of 6 to 10 and 11 to 20 births in their working areas. Overall, comparatively low percentage of FCHVs (8%) in these districts reported of more than 21 births in their working areas in the last 12-month period (Table 7.15).

The survey looked at whether the number of households covered by an FCHV influences her ability to accurately estimate the number of births in her catchment area, as well as her coverage of key maternal services (e.g. counseling in pregnancy and post-partum vitamin A distribution). The result is given in figure 7.12. FCHVs who cover less than 50 households (and to some extent those covering 50-99 households) appear to know about all births in their area and report providing counseling and vitamin A to most women. As catchment households increase, however, coverage of all three items declines rapidly so that women who cover 100-199 households report only 60-70 percent of expected births, those who cover 200-299 report only 50-60 percent and those who cover 300 or more households only report 40-50 percent of births.

Figure 7.12: FCHV Reports vs. Expected Births



CHAPTER - VIII

COMMUNITY BASED – INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (CB-IMCI)

ARI/PNEUMONIA CARE

The reason the annual FCHV survey was expanded to 26 districts in 2005 compared to prior years was to compare the performance of the 17 districts supported by the Nepal Family Health Program (NFHP) with that of nine districts in the program. The other districts receive support from UNICEF (Dang, Tanahu, Kaski, Saptari), PLAN (Makwanpur), AusAid (Dhankuta), JICA (Rupandehi) and one district that has not received external project support for two years (Nuwakot). In general, NFHP provides somewhat more intensive support than the other programs. This includes one project staff person in each district, who assists with VDC level review meetings and routine visits to health facilities and selected FCHVs. The question is whether this makes a systematic difference in the program.

The FCHV survey looks at the program from the following aspects with respect to ARI/Pneumonia Care.

- Commodities and supplies
- FCHV training and supervision for ARI
- ARI treatment rates
- Pneumonia treatment rates
- Referral rates
- Diarrhea treatment

8.1 Commodities and Supplies

The survey asked FCHVs if they had cotrim at the time of the survey, as well as six items related to the ARI program. The most critical items are an ARI timer for counting respirations, the treatment book to record patients treated for pneumonia and the referral book for sending patients on referral. Less essential items are three cards (cotrim dose card, classification card and home treatment card) which are useful in training and as reminders, but not needed to provide care as long as the FCHV remembers their content. Cotrim and the treatment book are only expected to be found among treatment FCHVs, while all FCHVs should have the other items.

Cotrim: 86 percent of NFHP district FCHVs had cotrim compared to 76 percent in other districts. NFHP had three districts with poor performance (Bajura 46%, Rautahat 65% and Bara 69%). All others were 88 to 99 percent. Among other districts Nuwakot was the worst with 26 percent and three districts had about 80% (Figure 8.1). Over the past three years, cotrim availability in NFHP districts has improved very gradually (from 80% in 2003)

For other items, the non-NFHP districts in general did better than NFHP (Table 8.1 summarized from Tables 4.7 and 4.9). For those items asked about in prior year surveys in NFHP districts there does not appear to be much change from year to year. Among FCHVs who do not have a working timer, about one quarter have a broken one and the others report having no timer at all.

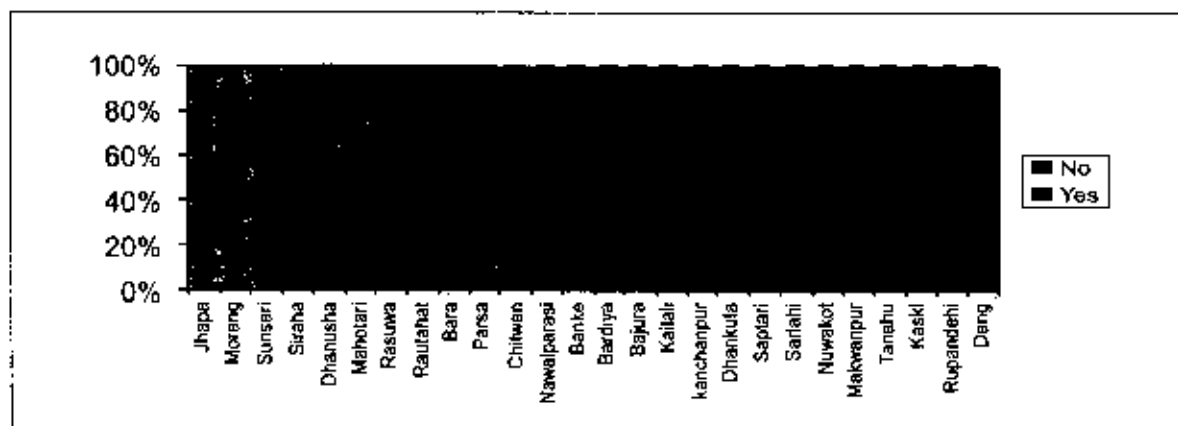
Table 8.1: ARI related commodities NFHP vs. Other districts

	NFHP districts	Other districts
ARI timer (Rx FCHV only)	88%	93%
Treatment book (Rx FCHV only)	94%	94%
Referral book (all FCHVs)	86%	96%
Cotrim card (Rx FCHV only)	89%	94%
Classification card (all FCHVs)	81%	92%
Home treatment care (all FCHVs)	82%	92%

Note: Data for each district are in Tables 4.7 and 4.9.

While overall availability of the most essential items is good, it is disappointing that NFHP districts do not do as well as others and that there is little indication that the situation has gotten better over the past two or three years.

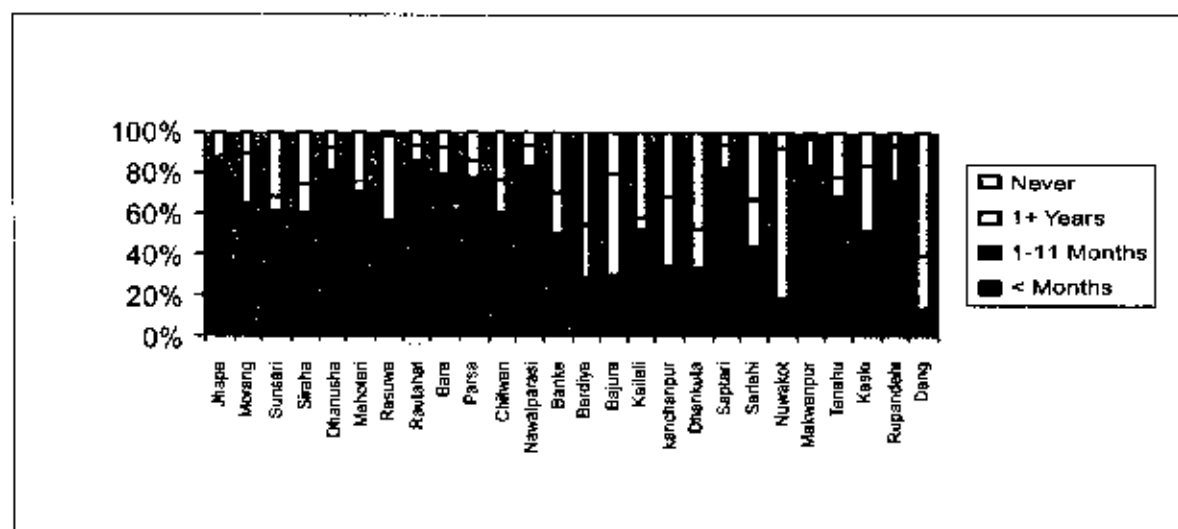
Figure 8.1: Treatment FCHVs with Cotrim



8.2 FCHV Training and Supervision for ARI

FCHVs were asked the last time they were visited by someone from outside their VDC who talked to them individually about their work as an FCHV. The results are given in the Figure 8.2 below (Summarized from Table 5.3).

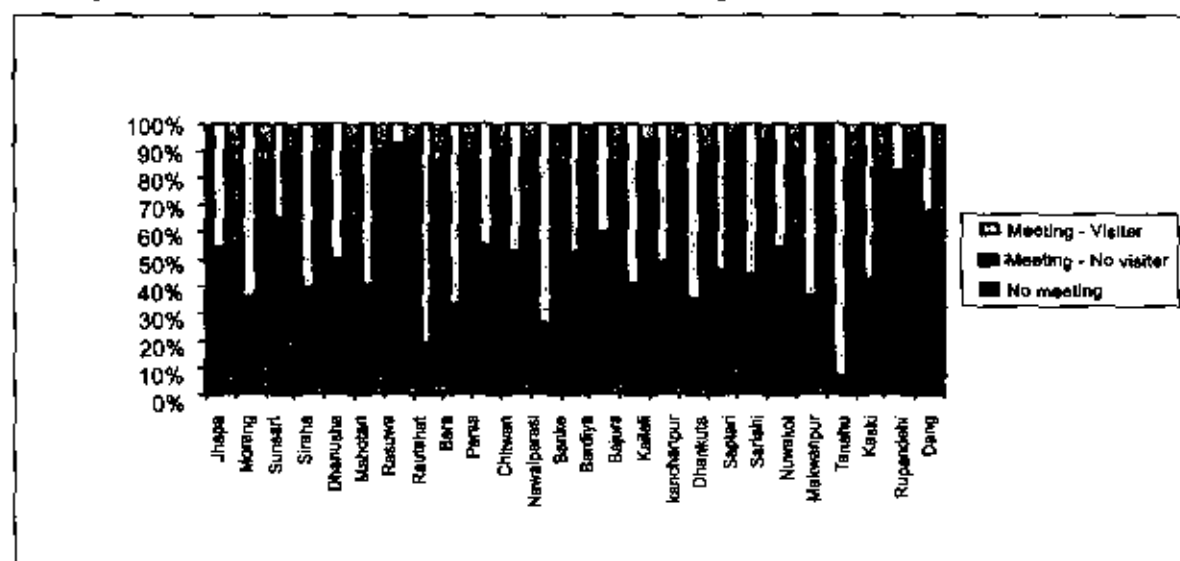
Figure 8.2: FCHV Time Since Last Supervision from Outside VDC



On average, such visits were slightly higher in NFHP districts (average of 61% of FCHVs reported a visit in the last year) vs. UNICEF or Other districts (average of 53-54%) but the difference was not very large. Individual districts show large differences; with over 40% of all FCHVs in Bardiya, Kalaili, Dbankuta and Dang reporting they have never been visited individually by a supervisor from outside their VDC.

Next, FCHVs were asked if they had attended any meeting with other FCHVs in the past year in which their work taking care of children with ARI and pneumonia was reviewed. They were also asked whether anyone from outside their VDC attended and helped with that meeting (Figure 8.3 and Table 5.1).

Figure 8.3: FCHV Annual ARI Review Meeting & Visitor from Outside VDC



Most FCHVs recall such a meeting in the past year, with the exception of Rupandehi, in which meetings were only supported by the program for selected VDCs. Other than Sunsari, Rasuwa and Kaski (in which 25-40% of FCHVs did not recall a meeting) 90% or more in most other districts attended this meeting. It is interesting that in Nuwakot, which has not external support for these meetings, the rate of meetings and out of VDC visitors was similar to that for districts with external support.

Most FCHVs also report that someone from outside their VDC attended this meeting. This was reported by 61% of the FCHV who reported going to a meeting in both NFHP and non-NFHP districts.

8.3 ARI Visit Rates

As seen in Table 8.7, although there is some variation between districts, there is no large difference in ARI visit rates per FCHV between NFHP and other districts. Treatment FCHVs are slightly more likely to see more ARI cases in NFHP districts than other districts, but there is no difference in referral FCHVs.

The most remarkable difference is between treatment and referral FCHVs regardless of external support. On average treatment FCHVs have seen 18.9 children with ARI in the last six months compared to only 11.2 for referral FCHVs (Table 8.5) 64

8.4 Pneumonia Treatment Rates

Treatment FCHVs were asked how many children they had treated for pneumonia in the last six months. In 71 percent of cases, this information was taken from their treatment registers (including nearly all those reporting very high rates of treatment).

The overall distribution shows that 90 percent of all treatment FCHVs appear to be providing pneumonia treatment and that the median rate of treatment is one child per month. The distribution of FCHVs and treatments is fairly skewed, with a group of relatively less active FCHVs who provide few treatments (15% of the total), a group of moderately active FCHVs who provide the bulk of all treatment (70%) and a small group of highly active FCHVs who provide the remaining 15 percent (Table 8.2)

Table 8.2: Distribution of Pneumonia Treatment Among "Treatment" FCHVs Surveyed

Frequency of pneumonia treatments in last six months	% of FCHVs	% of total treatments
No treatments in last six months	10%	0%
Less than one per month (1-5 total)	38%	15%
One per month to one per week (6-25 total)	49%	70%
More than one per week (26 or more)	3%	15%

NFHP and Other District Pneumonia Treatment Rates: The average number of pneumonia treatments per treatment FCHV was taken by district and then an unweighted average for all the districts by source of support (with the two mountain districts for NFHP considered separately). Sarfahi was also removed since its FCHVs had been trained less than six months prior to the survey.

In order to calculate a "population coverage rate" it was assumed that the surveyed FCHVs represented all the treatment FCHVs in their district, that an annual rate of treatment would be twice the six-month rate and that 15% of the district population is children under five years of age. This allowed calculation of the number of treatments by FCHVs per 100 children under five per year (Table 8.3).

The findings are complicated: On average treatment FCHVs supported by NFHP treated a much larger number of children in the past six months than other districts (10 vs. 5 or 6 – excluding mountain districts with small populations per FCHV). However NFHP FCHVs on average cover much larger populations than other FCHVs (1,700 vs. 900 excluding mountain districts) and so some of this difference may simply be having more opportunity to treat. When looked at from a population coverage perspective the average between NFHP and other districts is similar (about 8 or 9 treatments per 100 children under five per year). The two mountain districts within the NFHP program have exceptionally high treatment rates per 100 children (17-18 per 100 children per year). This may be due to much higher rates of pneumonia in mountain populations as was found in prior studies.

The large average differences between NFHP and other districts and the individual situation of each district make it difficult to determine clearly the impact of the NFHP program on pneumonia treatment rates. It may be that NFHP allows FCHVs with high populations to cover to do a better job than they otherwise would, but this cannot be determined from this data.

Table 8.3: Treatment FCHV Pneumonia treatment rates by FCHV and population

District	Population	Zone	FCHV program	Total FCHVs	% Rx FCHVs	Pop/ Rx FCHV	Pop/ any FCHV	6 mo. Rx/ FCHV	Rx/100 kids/yr
Banke	424,152	Terai	Pop	665	35%	1,844	638	7	5
Bara	608,484	Terai	Ward	882	56%	1,242	690	8	9
Bardiya	420,863	Terai	Pop	837	20%	2,461	503	14	8
Chitwan	516,098	Terai	Ward	405	100%	1,274	1,274	9	9
Dhanusha	728,555	Terai	Ward	909	56%	1,443	801	9	8
Jhapa	745,069	Terai	Ward*	445	55%	3,041	1,674	20	9
Kailali	684,718	Terai	Pop	1,268	20%	2,696	540	14	7
Kanchanpur	417,139	Terai	Pop	835	20%	2,439	500	9	5
Mahottari	597,790	Terai	Ward	684	56%	1,573	874	7	6
Morang	914,799	Terai	Ward	585	100%	1,564	1,564	15	13
Nawalparasi	617,188	Terai	Ward	713	63%	1,365	866	8	7
Parsa	541,383	Terai	Ward	738	56%	1,320	734	8	8
Rautahat	590,554	Terai	Ward	909	53%	1,230	650	8	8
Siraha	619,271	Terai	Ward	954	58%	1,116	649	7	8
Sunsari	683,032	Terai	Pop	1,064	41%	1,549	642	11	10
Bajura	116,493	Mount	Ward	262	94%	475	445	6	18
Rasuwa	48,340	Mount	Pop	245	66%	298	197	4	17
NFHP (Terai)	9,109,095			11,893		1,744	840	10	8
NFHP (Mount.)	164,833			507		387	321	5	17
Dang	503,821	Terai	Pop	779	63%	1,027	647	7	9
Kaski	414,548	Hill	Pop	790	68%	772	525	4	6
Saptari	617,042	Terai	Ward	1,078	64%	894	572	7	10
Tanahun	340,113	Hill	Ward	423	99%	812	804	6	9
UNICEF	1,875,524			3,070		876	637	6	9
Dhankuta	178,604	Hill	Ward	315	95%	597	567	5	11
Makwanpur	426,897	Terai	Ward	378	95%	1,189	1,129	8	9
Nuwakot	310,452	Hill	Pop	1,080	79%	364	287	2	9
Rupandehi	774,849	Terai	Pop	1,274	36%	1,689	608	6	5
Others	1,690,802			3,047		960	648	5	9

Note: Averages are not weighted

Rx = Treatment, Pop=Population, yr=year

The cases of Sarlahi district is not shown here.

* Jhapa district has recently added a small number of FCHVs, but is still mostly a ward based program.

Effect of lack of cotrim on pneumonia treatments: FCHVs were asked how many children over the past six months there were not able to treat due to a lack of cotrim. Results are given in Table 8.4. In general, lack of cotrim caused only a few percent of children to miss treatment from the FCHV, but in selected districts the impact was greater.

- In Nuwakot lack of cotrim appears to be the single largest factor inhibiting good performance of this program. Rupandehi also had relatively poor cotrim supplies. External support was absent in Nuwakot and limited in Rupandehi, but it is not known if this accounts for the shortages of cotrim.
- It is disappointing that three NFHP districts (Bara, Bajura and Rautahat) missed 23-41 percent of treatments due to lack of cotrim. Bajura may have been difficult to supply.

Table 8.4: Effect of lack of Cotrim on Pneumonia treatment rates

District	Treated (Mean)	Not Treated (Mean)	% Not Treated
Jhapa	20.4	0.4	2
Morang	15.0	0.1	1
Sunsari	11.2	1.1	10
Siraha	7.1	1.0	14
Dhanusha	9.0	0.3	3
Mahotari	6.5	0.3	5
Rasuwa	3.8	0.1	3
Rautahat	7.5	2.2	29
Bara	8.2	1.9	23
Parsa	8.1	0.2	2
Chitwan	8.9	0.3	3
Nawalparasi	7.6	0.3	4
Banke	6.7	0.6	9
Bardiya	14.4	1.2	8
Bajura	6.4	2.6	41
Kailali	13.7	0.4	3
Kanchanpur	9.5	0.2	2
NFHP	9.6	0.8	8
Dang	6.9	0.2	3
Saptari	6.8	0.2	3
Kaski	3.6	0.3	8
Tanahu	5.7	0.1	2
UNICEF	5.8	0.2	3
Dhankuta	5.1	0.7	14
Makwanpur	8.3	0.5	6
Rupandehi	6.0	1.4	23
Nuwakot	2.4	2.1	87
Others	5.5	1.2	22

8.5 Referral Rates

All FCHVs are asked to report the number of children with severe pneumonia or severe disease that they referred to a health facility for treatment in the last six months. For referral FCHVs this would include children with simple pneumonia who they referred to a treatment FCHV or a health facility.

Overall, referral is less common than ARI cases or pneumonia treatments. Only about 64 percent of FCHVs referred any child two months to five years of age in the prior six months and only about 48 percent referred any newborn less than two months old. No large differences in referral rates were noticed between the NFHP and other program districts.

Table 8.5 summarizes (and Tables 8.9 and 8.10 give district details of) the rates of referrals for treatment and referral, and also shows the rates of seeing ARI and treating pneumonia patients. There are several interesting points.

- As expected, referral FCHVs refer more children age two months to five years than treatment FCHVs. This is because they cannot treat simple pneumonia themselves and must refer those cases to a treatment FCHV or a health facility.

- However, the extra referrals in this age group are only a small fraction of the cases that would be expected if they were seeing as much pneumonia on average as a treatment FCHV.
- Combined with their lower rate of seeing ARI patients, it can be concluded that on average referral FCHVs are less active in seeing and treated either ARI or pneumonia. What is not known is whether this is due to lack of interest/ activity on the part of the FCHV or to the fact that she cannot treat children with pneumonia, so people have less reason to go to her for this kind of illness.
- It is interesting that referral rates for children less than two months old (primarily neonates) is the same for the two kinds of FCHV. This suggests that it is not the activity of the FCHV overall that results in their lower level of work on ARI/pneumonia, but rather the fact that they are a referral FCHV.
- Presumably, if they became treatment FCHVs they would become more active.

Table 8.5: Summary of ARI/Pneumonia/severe disease rates by FCHV type

	Treatment FCHVs	Referral FCHVs
FCHV (#)	1656	751
ARI Cases/FCHV	18.9	11.2
Pneumonia Rx/FCHV	7.9	na
2m-5y Referrals/FCHV	2.4	3.7
<2m Referrals/FCHV	1.6	1.7

When looked at from a population perspective, on average in all surveyed districts (excluding Sarlahi since it is new to CB-IMCI) there is a population of 693 per FCHV. If the birth rate is 33/1000, this would average 23 births per FCHV. If the referral rate is annualized this is 3.2 children per year or about 14 percent of all newborns. Even if FCHVs have significantly overestimated the numbers of referrals this would show that FCHVs are already referring a significant number of sick newborns.

Treatment vs. Referral numbers, policy and questions: When first designing the FCHV community pneumonia treatment program it was decided that those FCHVs who were not comfortable with providing treatment could become referral FCHVs and receive the same training but not to get cotrim. Instead they would refer their patients with pneumonia to a treatment FCHV or a health facility. A rough division of five treatments vs. four referral FCHVs in the nine wards of a VDC was used.

Nearly all FCHVs in the survey report being either treatment or referral, with only 0.5 percent saying they are neither, all of whom appear to be new FCHVs. However, given the time since the initial training in some districts and the slow but regular turnover of FCHVs, it appears that FCHVs may consider themselves treatment or referral by apprenticeship and attending regular FCHV meetings. Some districts may have held trainings for new FCHVs.

In twelve of the 26 districts in the survey it appears that the five to four "rule of thumb" was followed as a rule, and only five of nine FCHVs per VDC received cotrim after pneumonia treatment training. In these twelve districts 53-68 percent of the FCHVs surveyed were "treatment" FCHVs.

Eleven of the 26 districts in the survey have "population based" FCHV program, in which there are more than nine FCHVs per VDC. In seven of these it appears that again only five

FCHVs were provided cotrim per VDC, so the percentage of treatment FCHVs in these districts is only 20-42 percent. In the others the overall ratio was similar to the "five of nine" rule districts.

In seven districts, however, nearly all the FCHVs were trained to give cotrim. This includes a mixture of mountain, hill and Terai districts.

Does the percentage of FCHVs who provide treatment make any difference? From Table 8.3 we see that the population covered by each treatment FCHV varies greatly between districts and that the proportion of FCHVs trained is not closely related to this. In Table 8.6 we see that there is a relationship between the rate at which children are treated and the population that each treatment FCHV covers. In general, the greater the population the lower the coverage, although the relationship is not very strong and individual districts vary greatly.

The conclusion is that have a high ratio of treatment FCHVs to population in a district modestly reduces the coverage of pneumonia treatments. Districts with high treatment FCHV/population ratios may be able to improve their coverage of childhood pneumonia treatments by switching most of their referral FCHVs to become treatment FCHVs. This might be especially true in hill and mountain districts where populations are dispersed and access to alternative sources of care is low.

Table 8.6: Coverage of Pneumonia Treatments by population per treatment FCHV

	Population per Treatment FCHV				
	<500	500-1000	1000-1500	1500-2000	>2000
# Districts	3	4	9	4	4
Average treatments/ 100 children/year	14.7	9.0	8.4	7.8	7.2

Table 8.7: Percentage distribution of FCHVs by district, according to the number of children with cold and cough examined in last 6 months

		N. of Children					Total		Mean	Median
		None	1-10	11-20	21+	DK	N	%		
NFHP districts	Jhapa	6.1	14.1	20.2	58.6	1.0	60	100.0	28.6	25.0
	Morang	6.0	13.0	18.0	63.0	0.0	79	100.0	30.2	26.0
	Sunsari	24.0	24.0	33.0	19.0	0.0	144	100.0	11.7	12.0
	Siraha	6.0	51.0	25.0	18.0	0.0	129	100.0	12.4	10.0
	Dhanusha	0.0	35.7	32.7	31.6	0.0	123	100.0	16.4	14.5
	Mahotari	5.1	38.4	30.3	26.3	0.0	92	100.0	13.7	13.0
	Rasuwa	7.4	64.2	25.3	3.2	0.0	33	100.0	8.1	6.7
	Rautahat	4.1	41.8	37.8	16.3	0.0	123	100.0	14.3	11.5
	Bara	7.1	41.4	24.2	27.3	0.0	119	100.0	15.4	12.0
	Parsa	9.0	66.0	23.0	2.0	0.0	100	100.0	7.9	6.5
	Chitwan	6.2	21.6	35.1	37.1	0.0	55	100.0	22.1	16.8
	Nawalparasi	7.1	48.5	19.2	25.3	0.0	96	100.0	15.9	9.0
	Banke	2.0	52.5	20.2	24.2	1.0	90	100.0	14.1	9.5
	Bardiya	13.4	42.3	20.6	21.5	2.1	113	100.0	13.1	9.0
	Bajura	4.4	17.8	38.9	38.9	0.0	35	100.0	18.9	16.5
Kailali	5.1	16.2	27.3	51.5	0.0	171	100.0	23.9	22.0	
Kanchanpur	2.1	28.1	22.9	46.9	0.0	101	100.0	22.7	19.5	
Total		7.2	36.2	26.7	29.7	0.2	1,665	100.0	16.7	13.0

		No. of Children				Total		Mean	Median
		None	1-10	11-20	21+	No.	%		
Other districts	Dhankuta	14.6	38.5	30.2	16.7	42	100.0	12.0	10.0
	Saptari	0.0	6.0	24.0	70.0	144	100.0	27.7	25.0
	Sarlahi	5.1	49.5	26.3	19.2	43	100.0	12.5	9.3
	Nuwakot	13.1	56.6	25.3	5.1	144	100.0	8.2	7.0
	Makwanpur	0.0	43.2	35.1	21.6	50	100.0	15.5	13.5
	Tanahu	1.0	26.5	52.0	20.4	56	100.0	15.9	14.0
	Kaski	16.2	39.4	30.3	14.1	105	100.0	11.3	8.0
	Rupandehi	2.0	53.5	25.3	19.2	170	100.0	14.7	10.0
	Dang	10.5	43.2	22.1	24.2	104	100.0	14.3	10.0
Total	6.9	39.8	27.9	25.4	859	100.0	15.2	12.8	

Table 8.8 : Percentage distribution of treatment FCHVs by districts, according to the number of children aged 2 months to 5 years with Pneumonia treated in last 6 months

	Number of Children aged 2 months to 5 years							DK	%	N	Mean
	None	1-5	6-10	11-15	16+						
NFHP districts											
Jhapa	0.0	5.3	14.0	19.3	59.6	1.8	100.0	35	20.4		
Morang	6.0	14.0	19.0	19.0	42.0	0.0	100.0	79	15.0		
Sunsari	2.9	15.7	31.4	25.7	24.3	0.0	100.0	101	11.2		
Siraha	0.0	44.3	41.0	9.8	4.9	0.0	100.0	79	7.1		
Dhanusha	5.5	21.8	38.2	20.0	14.5	0.0	100.0	69	9.0		
Mahotari	5.4	35.7	42.9	12.5	3.6	0.0	100.0	52	6.5		
Rasuwa	13.8	68.8	13.8	1.3	2.5	0.0	100.0	28	3.8		
Raurehat	4.5	28.8	45.5	15.2	6.1	0.0	100.0	83	7.5		
Bara	2.7	37.0	37.0	11.0	11.0	1.4	100.0	88	8.2		
Parsa	0.0	43.2	28.4	20.3	8.1	0.0	100.0	74	8.1		
Chitwan	5.8	33.7	27.9	18.6	14.0	0.0	100.0	49	8.9		
Navalparasi	9.9	36.6	32.4	5.6	15.5	0.0	100.0	69	7.6		
Banke	3.8	48.1	30.8	9.6	5.8	1.9	100.0	47	6.7		
Bardiya	3.6	25.0	25.0	14.3	32.1	0.0	100.0	33	14.4		
Bajura	10.2	46.6	27.3	6.8	8.0	1.1	100.0	35	6.4		
Kailali	7.7	12.8	28.2	23.1	28.2	0.0	100.0	68	13.7		
Kanchanpur	8.1	27.0	32.4	8.1	18.9	5.4	100.0	39	9.5		
Total	4.7	30.5	31.9	15.3	17.1	0.5	100.0	1,026	9.6		
Other districts											
Dhankuta	19.8	40.7	30.8	5.5	3.3	0.0	100.0	40	5.1		
Saptari	4.7	43.8	32.8	12.5	6.3	0.0	100.0	92	6.8		
Siraha	11.9	64.3	16.7	2.4	4.8	0.0	100.0	18	4.0		
Nuwakot	47.4	39.7	7.7	3.8	1.3	0.0	100.0	113	2.4		
Makwanpur	14.3	37.1	15.7	17.1	15.7	0.0	100.0	4	8.3		
Taraha	6.2	58.8	24.7	4.1	6.2	0.0	100.0	56	5.7		
Kaski	28.4	47.8	16.4	4.5	3.0	0.0	100.0	71	3.6		
Rupandehi	19.4	55.6	11.1	8.3	5.6	0.0	100.0	62	6.0		
Dang	5.0	41.7	36.7	8.3	8.3	0.0	100.0	66	6.9		
Total	20.1	45.9	20.9	7.6	5.5	10.0	100.0	566	5.2		

Table 8.9 : Percentage distribution of treatment and referral FCHVs by districts, according to the number of children aged <2 months referred for treatment in last 6 months

		Number of children aged <2 months							Mean
		None	1-5	6-10	11+	DK	Total		
							%	N	
NFHP districts	Jhapa	23.2	67.7	7.1	1.0	1.0	100.0	60	2.6
	Morang	58.0	34.0	8.0	0.0	0.0	100.0	79	1.3
	Sunsari	43.0	46.0	8.0	1.0	2.0	100.0	144	1.8
	Siraha	58.0	38.0	4.0	0.0	0.0	100.0	129	1.4
	Dhanusha	34.7	51.0	10.2	4.1	0.0	100.0	123	3.0
	Mahotari	58.6	41.4	0.0	0.0	0.0	100.0	92	0.6
	Rasuwa	73.7	24.2	2.1	0.0	0.0	100.0	33	0.8
	Rautahat	18.4	53.1	20.4	8.2	0.0	100.0	123	4.6
	Bara	15.2	61.6	19.2	4.0	0.0	100.0	119	4.0
	Parsa	60.0	37.0	3.0	0.0	0.0	100.0	100	1.1
	Chitwan	67.0	28.9	4.1	0.0	0.0	100.0	55	1.1
	Nawalparasi	43.4	44.4	10.1	2.0	0.0	100.0	96	2.2
	Banke	64.6	32.3	3.0	0.0	0.0	100.0	90	1.0
	Bardiya	56.7	38.1	4.1	0.0	1.0	100.0	113	1.3
	Bajura	45.6	46.7	7.8	0.0	0.0	100.0	35	1.7
Kailali	43.4	49.5	7.1	0.0	0.0	100.0	171	1.8	
Kanchanpur	68.7	25.0	6.2	0.0	0.0	100.0	101	1.0	
Total		46.8	43.5	7.9	1.4	0.3	100.0	1665	2.0
Other districts	Dhankuta	65.6	34.4	0.0	0.0	0.0	100.0	42	0.8
	Saptari	69.0	30.0	1.0	0.0	0.0	100.0	144	0.7
	Sarlahi	62.6	32.3	4.0	1.0	0.0	100.0	43	1.1
	Nuwakot	44.4	52.5	3.0	0.0	0.0	100.0	144	1.6
	Makwanpur	32.4	52.7	5.4	9.5	0.0	100.0	50	3.2
	Tanahu	71.4	28.6	0.0	0.0	0.0	100.0	56	0.5
	Kaski	72.7	25.3	2.0	0.0	0.0	100.0	105	0.6
	Rupandehi	36.4	54.5	8.1	1.0	0.0	100.0	170	2.1
Dang	49.5	49.5	1.1	0.0	0.0	100.0	104	1.0	
Total		54.1	42.0	3.2	0.8	0.0	100.0	859	1.3

Table 8.10: Percentage distribution of treatment and referral FCHVs by districts according to the number of children aged 2 months to 5 years referred for treatment in last 6 months

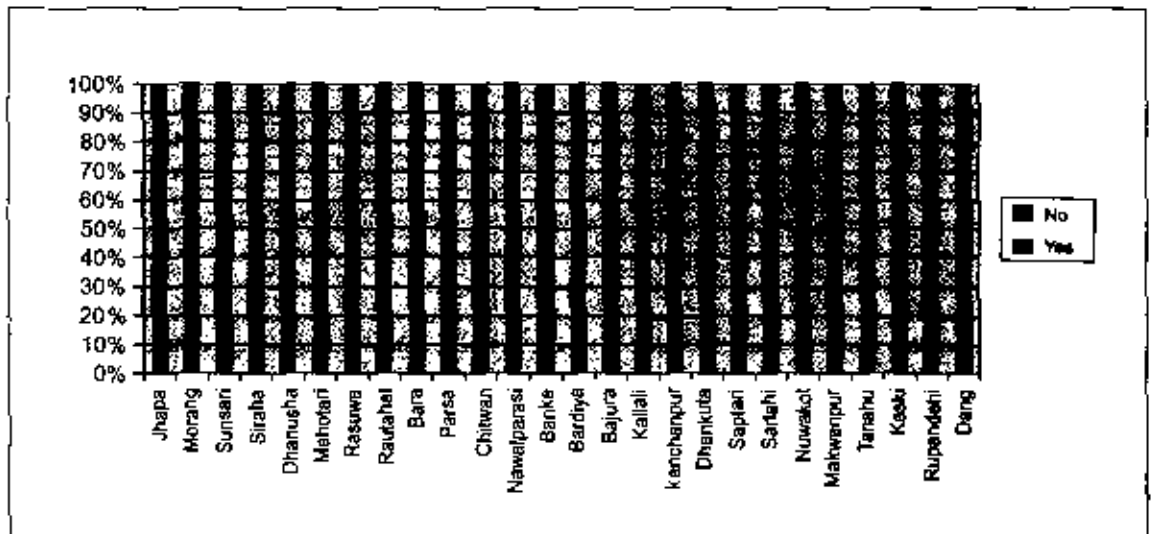
		None	Number of children aged 2 months to 5 years				Total		Mean	Median
			1-5	6-10	11+	DK	%	N		
NFHP districts	Jhapa	9.1	56.6	24.2	9.1	1.0	100.0	60	5.1	4.0
	Morang	55.0	36.0	7.0	2.0	0.0	100.0	79	1.6	0.0
	Sunsari	25.0	53.0	14.0	7.0	1.0	100.0	144	3.9	3.0
	Siraha	28.0	55.0	15.0	2.0	0.0	100.0	129	3.3	3.0
	Dhanusa	27.6	56.1	11.2	5.1	0.0	100.0	123	3.5	2.0
	Mahotari	29.3	53.5	16.2	1.0	0.0	100.0	92	2.8	3.0
	Rasuwa	64.2	30.5	4.2	1.1	0.0	100.0	33	1.5	0.0
	Rautahat	23.5	38.8	29.6	8.2	0.0	100.0	123	5.2	4.0
	Bara	16.2	56.6	21.2	6.1	0.0	100.0	119	4.3	4.0
	Parsa	41.0	46.0	8.0	5.0	0.0	100.0	100	2.4	1.0
	Chitwan	54.6	39.2	3.1	3.1	0.0	100.0	55	1.6	0.0
	Nawalparasi	37.4	38.4	15.2	8.1	1.0	100.0	96	3.9	2.0
	Banke	29.3	57.6	9.1	4.0	0.0	100.0	90	2.8	2.0
	Bardiya	36.1	49.5	13.4	0.0	1.0	100.0	113	2.4	2.0
	Bajura	27.8	50.0	16.7	5.6	0.0	100.0	35	3.3	2.0
Kailali	35.4	55.6	9.1	0.0	0.0	100.0	171	2.1	1.0	
Kanchanpur	56.2	35.4	6.2	2.1	0.0	100.0	101	1.8	0.0	
Total		33.2	48.9	13.6	4.0	0.3	100.0	100.0	3.1	2.0
Other districts	Dhankuta	41.7	51.0	5.2	2.1	0.0	100.0	42	1.9	1.0
	Saptari	35.0	55.0	6.0	4.0	0.0	100.0	144	2.4	1.0
	Sarlahi	35.4	53.5	7.1	4.0	0.0	100.0	43	2.6	2.0
	Nuwakot	19.2	64.6	13.1	3.0	0.0	100.0	144	3.3	3.0
	Makwanpur	44.6	32.4	16.2	6.8	0.0	100.0	50	3.4	1.0
	Tanahu	38.8	55.1	4.1	2.0	0.0	100.0	56	2.1	1.0
	Kaski	40.4	49.5	8.1	2.0	0.0	100.0	105	2.0	1.0
	Rupandehi	18.2	49.5	22.2	9.1	1.0	100.0	170	4.4	3.0
	Dang	51.6	43.2	5.3	0.0	0.0	100.0	104	1.4	0.0
Total		32.8	51.8	11.1	4.1	0.2	100.0	859	2.8	2.0

8.6 Diarrhea Care

The proportion of FCHVs with ORS on hand at the time of the survey was about 70 percent. This was 74 percent in NFHP districts vs. a weighted average of only 60 percent in non-NFHP districts (Figure 8.4). This is somewhat disappointing for a commodity which has been supplied to FCHVs for many years and which all FCHVs are expected to have on hand. For the NFHP districts, there has been no substantial improvement in the proportion of FCHVs with ORS over the four annual surveys done under the project. However, there were a number of shortages of ORS in 2005 due to problems with procurement, which NFHP assisted with in terms of shifting supplies between districts. This may have prevented a decline in coverage and may also account for the higher coverage in NFHP vs. non-NFHP districts.

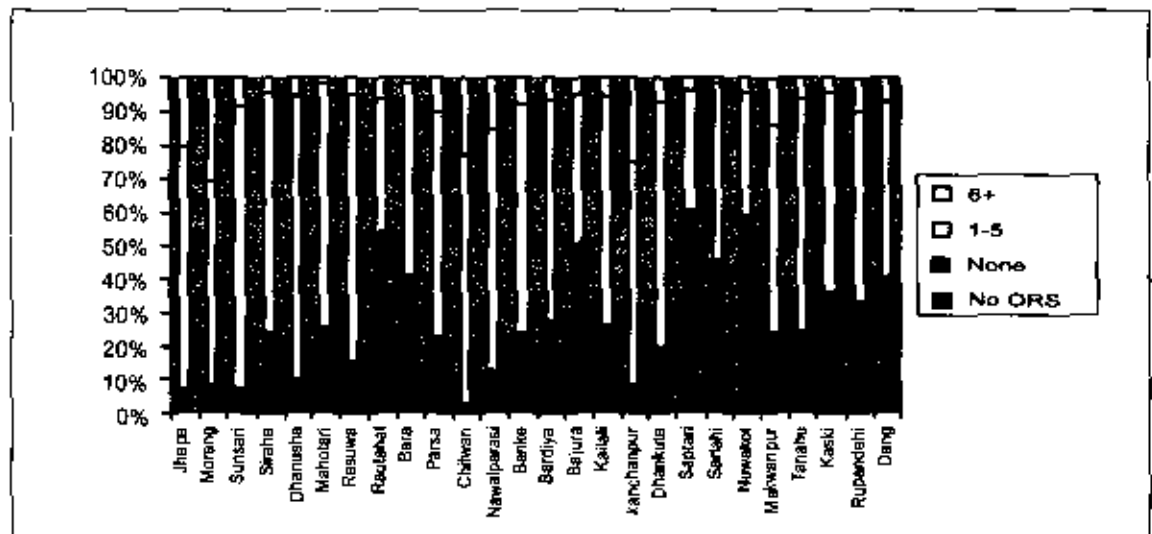
When asked about the number of diarrhea cases given ORS during the last one month, two thirds of the FCHVs who answered "none" had no ORS in stock. This shows that lack of supply is a definite hindrance on the provision of this service (Figure 8.5).

Figure 8.4: FCHVs with ORS



Looking only at ORS given to patients less than age five, the mean for NFHP districts was 2.5 children served in the last one month, vs. only 1.6 in the non-NFHP districts (table 8.11, Figure 8.5 & 8.6). This is partly due to better supply in NFHP districts, but also due to somewhat higher levels of activity.

Figure 8.5: Number of Children given ORS by FCHVs in the Last Month



FCHVs were asked separately how many children under five and how many older persons were given ORS during the prior month. Surprisingly 41 percent of all persons served were age five or older. While ORS is suitable for treatment of diarrhea at any age, the mortality impact is expected to be largest in children under five. This also may mean that if FCHVs are given zinc to distribute they may need to be carefully trained not to give this relatively expensive product to person over the age of five

Figure 8.6 : Age of Patients given ORS in the Last Month by FCHVs

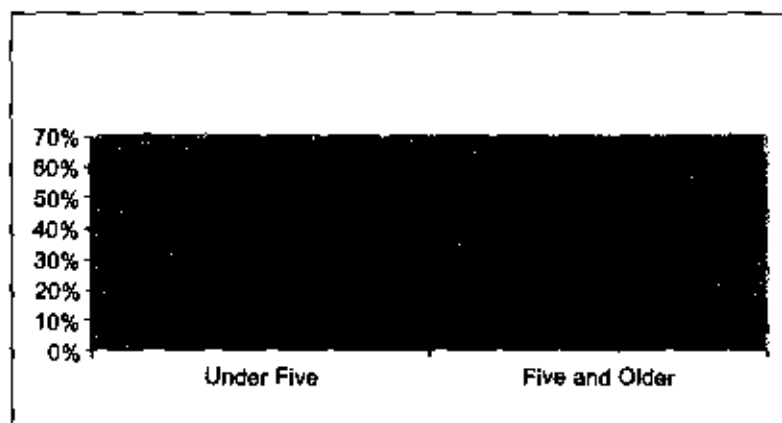


Table 8.11: Percentage Distribution of FCHVs by districts, according to number of Children under five years who were given ORS packets in the month before the survey

		No. of children under 5 years				Total		Mean
		None	1-5	6-10	11+	N	%	
NFHP district	Jhapa	9.1	70.7	17.2	3.0	60	100.0	3.9
	Morang	8.0	61.0	27.0	4.0	79	100.0	4.7
	Sunsari	12.0	80.0	8.0	0.0	144	100.0	2.7
	Siraha	28.0	68.0	4.0	0.0	129	100.0	1.9
	Dhanusha	15.3	79.6	5.1	0.0	123	100.0	2.9
	Mahotari	38.4	60.6	1.0	0.0	92	100.0	1.6
	Rasuwa	25.3	70.5	4.2	0.0	33	100.0	2.1
	Rautahat	57.1	36.7	4.1	2.0	123	100.0	1.8
	Bara	47.5	51.5	1.0	0.0	119	100.0	1.3
	Parsa	29.0	62.0	7.0	2.0	100	100.0	2.5
	Chitwan	4.1	73.2	19.6	3.1	55	100.0	4.2
	Nawalparasi	14.1	70.7	14.1	1.0	96	100.0	3.3
	Banke	28.3	64.6	7.1	0.0	90	100.0	2.3
	Bardiya	33.0	60.8	5.2	1.0	113	100.0	2.0
	Bajura	55.6	41.1	3.3	0.0	35	100.0	1.1
Kailali	30.3	64.6	5.1	0.0	171	100.0	2.1	
Kanchampur	9.4	65.6	19.8	5.2	101	100.0	4.2	
Total		26.6	64.0	8.2	1.1	1,665	100.0	2.5
Other districts	Dhankuta	28.2	65.6	5.2	1.0	42	100.0	2.0
	Saptari	65.0	32.0	1.0	2.0	144	100.0	1.1
	Sarlahi	56.6	43.4	1.0	0.0	43	100.0	0.9
	Nuwakot	62.7	33.3	4.0	0.0	144	100.0	1.1
	Makwanpur	32.4	55.4	6.8	5.4	50	100.0	3.3
	Tamaha	32.7	62.2	5.1	0.0	56	100.0	1.9
	Kaski	42.5	53.5	3.0	1.0	105	100.0	1.6
	Rupandehi	36.4	54.5	6.1	3.0	170	100.0	2.1
	Dang	46.3	47.4	6.3	0.0	104	100.0	1.6
Total		47.6	46.8	4.2	1.4	859	100.0	1.6

CHAPTER – IX

COMMUNITY ACTIVITIES

Information was collected on community activities carried out by FCHVs and supports that communities provide to FCHVs. These include FCHV support for health facility outreach clinics, knowledge of and participation in the national FCHV day, conduct of mothers' group meetings and supports provided by localities for FCHVs.

9.1 Outreach Clinic Support

FCHVs were also asked whether an outreach clinic is conducted regularly (6 or more times in a year) in their areas or not. If these clinics are conducted then as an FCHV what is their role in these clinics. The survey results show that in both groups of districts great majority (70 -76%) of the FCHVs reported that in their areas the outreach clinic is conducted in a regular basis in their areas. Only Tanahu and Bajura appear to have few outreach clinics. Regarding their role in these clinics as an FCHV, very negligible percentage (0.5 -1%) of them reported of no role while majority (64 - 90%) from both NFHP and other 9 districts reported of the following roles:

- Attend the outreach clinic to help provide the services
- Refer patients to the outreach clinic

Very small percentage of FCHVs in both group of districts reported of providing health related IEC and providing first aid, vaccine and weighing services to the clients who visit the outreach clinics (Table 9.1).

FCHVs may also help with EPI clinics, which are distinct from outreach clinics, and generally help with the mass immunization campaigns for polio, but these were not asked about in this survey.

Table 9.1: Percentage distribution of FCHVs, according to whether conducted Outreach Clinic regularly and among those who did their role in these clinics by survey districts

	Conducted an Outreach Clinic regularly	Total N	Role of the respondent as an FCHV in the Outreach Clinic						Total N	
			No Role	Refer Patients to Clinic	Attend The Clinic to Help	Provide health related IEC	Provide First Aid, Vaccine, Weighing	Other		
NFHP districts	Jhapa	79.8	60	0.0	57.0	92.4	2.5	5.1	0.0	48
	Morang	79.0	79	0.0	78.5	94.9	2.5	12.7	0.0	62
	Sunserai	85.0	144	0.0	87.1	81.2	12.9	3.5	2.4	122
	Siraha	85.0	129	0.0	82.4	70.6	3.5	1.2	0.0	110
	Dhanusha	88.8	123	0.0	85.1	85.1	1.1	14.9	0.0	109
	Mahotari	98.0	92	3.1	2.1	91.8	7.2	0.0	0.0	91
	Rasuwa	54.7	33	0.0	28.8	100.0	0.0	0.0	0.0	18
	Rautahat	83.7	123	1.2	92.7	82.9	2.4	0.0	0.0	103
	Bara	60.6	119	0.0	73.3	100.0	1.7	0.0	0.0	72
	Parsa	68.0	100	0.0	53.9	100.0	4.4	0.0	1.5	68
	Chitwan	64.9	55	1.6	47.6	95.2	0.0	0.0	0.0	36
	Nawalparasi	63.7	96	1.5	69.2	93.8	0.0	0.0	0.0	63
	Banke	76.8	90	0.0	85.5	90.8	1.3	0.0	0.0	69
	Bardiya	83.5	113	0.0	88.9	98.8	8.6	0.0	0.0	95
	Bajura	32.2	35	3.4	86.2	82.8	0.0	0.0	0.0	11
Kailali	83.9	171	0.0	15.3	98.8	0.0	0.0	0.0	147	
Kanchanpur	50.0	101	0.0	37.5	100.0	2.1	0.0	0.0	51	
Total	76.6	1,665	0.5	63.9	90.6	3.7	2.5	0.3	1,278	
Other districts	Dhankuta	60.4	42	0.0	86.2	89.7	5.2	3.4	0.0	25
	Saptari	96.0	144	0.0	92.7	97.9	18.8	8.3	0.0	138
	Siraha	61.6	44	0.0	83.6	90.2	14.8	0.0	0.0	27
	Nuwakot	65.7	144	0.0	96.9	84.6	0.0	0.0	0.0	95
	Makwanpur	73.0	51	1.9	100.0	94.4	0.0	0.0	0.0	37
	Tamaha	23.5	56	0.0	56.5	91.3	0.0	0.0	0.0	13
	Kaski	59.6	106	3.4	79.7	59.3	0.0	0.0	0.0	63
	Rupandehi	70.7	170	1.4	62.9	92.9	2.9	0.0	0.0	120
	Dang	76.8	104	0.0	90.4	97.3	0.0	0.0	0.0	80
Total	69.5	859	0.8	84.7	89.6	5.0	2.1	0.0	597	

9.2 FCHV day and FCHV Photo IDs

The FCHVs were also asked about their knowledge about national FCHV day and whether they celebrated the occasion last time (year). On the question of knowledge about the national FCHV day, only half of the FCHVs in the NFHP districts acknowledged that they know about the occasion. High variation in the level of knowledge is observed across the districts but the lowest percentages of FCHVs having knowledge about the occasion were in Rasuwa (13.7%) and Parsa (14%) districts. Likewise, three-quarters of those having knowledge also reported of celebrating the occasion last year. In Chitwan and Kanchanpur nearly all FCHVs participate in this day.

Overall, slightly less than half (45%) of the FCHVs in other nine districts reported of having knowledge about the national FCHV day. Similarly, less than half of those who had knowledge also reported celebrating it last year.

FCHVs are often provided photo identification cards that they wear during meetings and events. Overall about two-thirds of FCHVs in the survey have such a card, but again this varies a great deal by district. There is also no necessary correlation between districts with high rates of photo-IDs and other supports. (Table 9.2).

Table 9.2: Percentage distribution of FCHVs, by districts, according to their knowledge of National FCHV Day and its celebration

		Knowledge about the national FCHV day	Having FCHV identification card	Total N	Celebrate national FCHV day last year	Total N
District	Jhapa	72.7	91.9	60	51.4	44
	Morang	79.0	57.0	79	55.7	62
	Sunsari	29.0	68.0	144	13.8	42
	Siraha	43.0	32.0	129	83.7	55
	Dhanusha	26.5	96.9	123	30.8	33
	Mahottari	67.7	55.6	92	64.2	63
	Rasurwa	13.7	13.7	33	61.5	5
	Rautahat	41.8	57.1	123	80.5	51
	Sata	26.3	45.5	119	57.7	31
	Parsa	14.0	86.0	100	42.9	14
	Chitwan	94.8	85.6	55	91.3	52
	Nawalparasi	68.7	88.9	96	72.1	66
	Banka	25.3	69.7	90	28.0	23
	Bardiya	76.3	51.5	113	68.9	86
	Bajura	27.8	51.1	35	44.0	10
Kailali	60.6	88.9	171	75.0	104	
Kanchanpur	97.9	41.7	101	96.8	99	
Total		59.4	65.5	1,665	67.5	840
Other districts	Dhankuta	34.4	61.5	42	15.2	14
	Saptari	30.0	92.0	144	63.3	43
	Sarlahi	10.1	77.8	43	80.0	4
	Nuwakot	35.2	69.7	144	8.6	51
	Makwanpur	27.0	52.7	50	55.0	14
	Tanahu	54.1	21.4	56	34.0	31
	Kaski	69.7	69.7	105	46.4	73
	Rupandehi	62.6	90.9	170	61.3	106
Dang	51.5	38.9	104	49.0	54	
Total		45.4	69.7	859	46.3	390

9.3 Mother's Group Meetings

Though some variation across both NFHP and other 9 districts is observed, the overall results show that great majority of the FCHVs in the survey districts conduct Mothers Group meetings. Similarly, on the question of the number of participants, higher percentage of FCHVs in both group of districts reported that the number of women who usually participate in these meetings is 11 to 20 or 21 or more (Table 9.3). 178

Table 9.3: Percentage distribution of FCHVs who conduct Mother's Group meetings and the usual participants in these meeting by survey districts

		No of participants			Total N	Mean	
		% Conduct	1-10	11-20			21+
NFHP districts	Jhapa	98.0	7.2	73.2	19.6	59	17.3
	Morang	98.0	9.2	82.7	8.2	78	14.1
	Sunsari	93.0	24.7	75.3	0.0	134	13.2
	Siraha	100.0	12.0	81.0	7.0	129	16.0
	Dhanusha	100.0	14.3	70.4	15.3	123	16.2
	Mahotari	99.0	20.4	71.4	8.2	92	14.8
	Rasuwa	80.0	28.9	64.5	6.6	27	13.3
	Rautahat	93.9	9.8	66.3	23.9	115	18.6
	Bara	98.0	30.9	62.9	6.2	117	14.1
	Parsa	99.0	28.3	60.6	11.1	99	14.3
	Chitwan	97.9	9.5	73.7	16.8	54	16.8
	Nawalparsi	93.9	6.5	58.1	34.4	90	19.6
	Banke	96.0	24.2	60.0	15.8	86	15.9
	Bardiya	92.8	8.9	64.4	26.7	105	19.4
	Bajura	56.7	17.6	51.0	31.4	20	19.3
	Kailali	96.0	1.1	60.0	38.9	165	20.5
Kanchanpur	100.0	0.0	47.9	52.1	101	21.6	
Total		95.7	14.2	66.6	19.2	1,593	16.9
Other districts	Dhankuta	79.2	18.4	76.3	5.3	33	13.3
	Saptari	100.0	19.0	68.0	13.0	144	15.1
	Sarlahi	100.0	11.1	65.7	23.2	43	18.3
	Nuwakot	79.8	20.3	72.2	7.6	115	14.8
	Makwanpur	89.2	12.1	63.6	24.2	45	18.3
	Tanahu	92.9	4.4	57.1	38.5	52	21.0
	Kaski	92.9	12.0	59.8	28.3	98	18.5
	Rupandehi	87.9	21.8	56.3	21.8	149	16.5
Dang	87.4	15.7	62.7	21.7	91	17.3	
Total		89.7	16.6	63.9	19.5	771	16.7

About 5 percent FCHVs in NFHP districts reported of not conducting Mother's Group meetings within last one year while almost all FCHVs in other 9 districts had conducted the meeting in the stated period. Only in mountain districts like Bajura or Rasuwa do a substantial minority of FCHVs not conduct mothers' group meetings. Regarding the number of meetings conducted almost the same percentages (about 87%) FCHVs in both group of districts reported that they conducted 7 to 12 of these meetings in the last one year (Table 9.4).

Table 9.4: Percentage distribution of FCHVs who conducted Mother's Group meeting within last one year by number of meeting and by survey districts

		No. of Meetings					Total N		Mean	Median
		None	1-6	7-12	13+	Do not know	%	N		
NFHP districts	Jhapa	2.0	3.0	91.9	3.0	0.0	100.0	60	11.4	12.0
	Morang	2.0		96.0	2.0	0.0	100.0	79	11.7	12.0
	Sunsari	7.0	6.0	87.0	0.0	0.0	100.0	144	10.4	12.0
	Siraha	0.0	2.0	98.0	0.0	0.0	100.0	129	11.6	12.0
	Dhanusha	0.0	1.0	94.9	4.1	0.0	100.0	123	12.2	12.0
	Mahotari	1.0	3.0	96.0	0.0	0.0	100.0	92	11.6	12.0
	Rasuwa	20.0	30.5	49.5	0.0	0.0	100.0	33	6.7	6.3
	Rautahat	6.1	9.2	84.7	0.0	0.0	100.0	123	10.1	12.0
	Bara	2.0	3.0	94.9	0.0	0.0	100.0	119	11.4	12.0
	Parsa	1.0	7.0	92.0	0.0	0.0	100.0	100	10.8	12.0
	Chitwan	2.1	3.1	92.8	2.1	0.0	100.0	55	11.0	12.0
	Nawalparasi	6.1	9.1	84.8	0.0	0.0	100.0	96	9.8	12.0
	Banke	4.0	13.1	82.8	0.0	0.0	100.0	90	10.1	12.0
	Bardiya	8.2	12.4	78.4	1.0	0.0	100.0	113	8.9	10.0
	Bajura	43.3	8.9	47.8	0.0	0.0	100.0	35	5.6	5.6
Kailali	4.0	6.1	88.9	1.0	0.0	100.0	171	10.8	12.0	
Kanchanpur	0.0	1.0	95.8	3.1	0.0	100.0	101	11.8	12.0	
Total		4.4	6.0	88.6	0.9	0.0	100.0	1,665	11.2	12.0
Other districts	Dhankuta	0.0	26.3	71.1	2.6	0.0	100.0	33	9.0	9.0
	Saptari	0.0	1.0	99.0	0.0	0.0	100.0	144	11.6	12.0
	Sarlahi	0.0	11.1	88.9	0.0	0.0	100.0	43	10.9	12.0
	Nuwakot	0.0	11.4	88.6	0.0	0.0	100.0	115	10.4	12.0
	Makwanpur	0.0	3.0	97.0	0.0	0.0	100.0	45	11.3	12.0
	Tanahu	1.1	12.1	85.7	1.1	0.0	100.0	52	9.6	10.0
	Kaski	0.0	12.0	83.9	1.1	1.1	100.0	98	10.3	11.0
	Rupandehi	0.0	17.2	82.8	0.0	0.0	100.0	149	10.0	12.0
Dang	0.0	20.5	79.5	0.0	0.0	100.0	91	9.2	10.0	
Total		0.1	11.9	87.5	0.3	0.1	100.0	771	10.3	12.0

9.4 Support received from Community

Information on the type of support provided by the community or the VDC to the FCHVs was also collected in the survey. The questions regarding the support provided to FCHVs were focused on following 3 areas:

- Support provided by Mother's Group to carryout FCHV work
- Cash payments or allowances for attending meetings (not including regular government payments for refresher meetings or for polio immunization days)
- Providing 'In-kind' incentives such as a sari, bicycle or other items

The results presented in Table 9.5 shows that at the community level, majority (65 - 73%) of the FCHVs in both NFHP and other 9 districts mentioned the support they get from Mother's Group to carryout FCHV work. In case of other two type of support, nearly half (45.2%) FCHVs in NFHP districts mentioned in-kind support and another 28 percent mentioned cash/allowances in meetings provided by the community or the VDC. In the other 9 districts, however, almost the same percentage (27 - 28%) reported of receiving these support from the VDC/community.

Table 9.5: Percentage distribution of FCHVs by type of support received from the local community by survey districts

		Support from mother group to carry out work	Cash/allowances in meeting	Kind Incentives	DK	Total
NFHP districts	Jhapa	86.9	51.5	13.1	0.0	60
	Morang	51.0	36.0	32.0	0.0	79
	Sunsari	68.0	25.0	44.0	0.0	144
	Siraha	50.0	6.0	71.0	0.0	129
	Dhanusha	34.7	26.5	35.7	0.0	123
	Mahotari	61.6	41.4	29.3	0.0	92
	Razawa	56.8	0.0	3.2	0.0	33
	Rautahat	82.7	30.6	83.7	0.0	123
	Bara	89.9	12.1	7.1	0.0	119
	Parsa	87.0	42.0	19.0	2.0	100
	Chitwan	84.5	18.6	34.0	0.0	55
	Navalparasi	48.5	34.3	71.7	0.0	96
	Banke	48.5	9.1	85.9	0.0	90
	Bardiya	35.1	3.1	51.5	0.0	113
	Bajura	45.6	31.1	8.9	0.0	35
Kailali	81.8	3.0	39.4	0.0	171	
Kanchanpur	72.9	8.3	66.7	0.0	101	
Total		64.6	20.9	45.2	0.1	1,665
Other districts	Dhankuta	59.4	53.1	29.2	0.0	42
	Saptari	69.0	21.0	11.0	0.0	144
	Sarlahi	99.0	0.0	11.1	0.0	43
	Nuwakot	72.7	15.2	41.4	0.0	144
	Makwanpur	86.5	67.6	59.5	0.0	50
	Tanahu	81.6	16.3	10.2	0.0	36
	Kaski	96.0	59.6	42.4	0.0	105
	Rupandehi	78.8	38.4	33.3	0.0	170
Dang	32.6	1.1	2.1	0.0	104	
Total		73.4	28.7	27.0	0.0	859

9.5 Endowment Funds

Overall, nearly one-third in NFHP districts and slightly more than one-third FCHVs in other 9 districts reported of the existence of endowment fund at the VDC level to support FCHV activities. Great variation, however, is observed across the districts regarding this provision. In the NFHP districts, for example, very high percentages of FCHVs in some districts reported of having the provision of the endowment funds [in districts such as Chitwan (92.8%), Sunsari (86%), Jhapa (72.7%) and Morang (67%)] while the FCHVs reporting of having the same provision in their community was very low (between 1- 8%) in districts such as Rautahat, Bajura, Parsa and Dhanusha (Table 9.6).

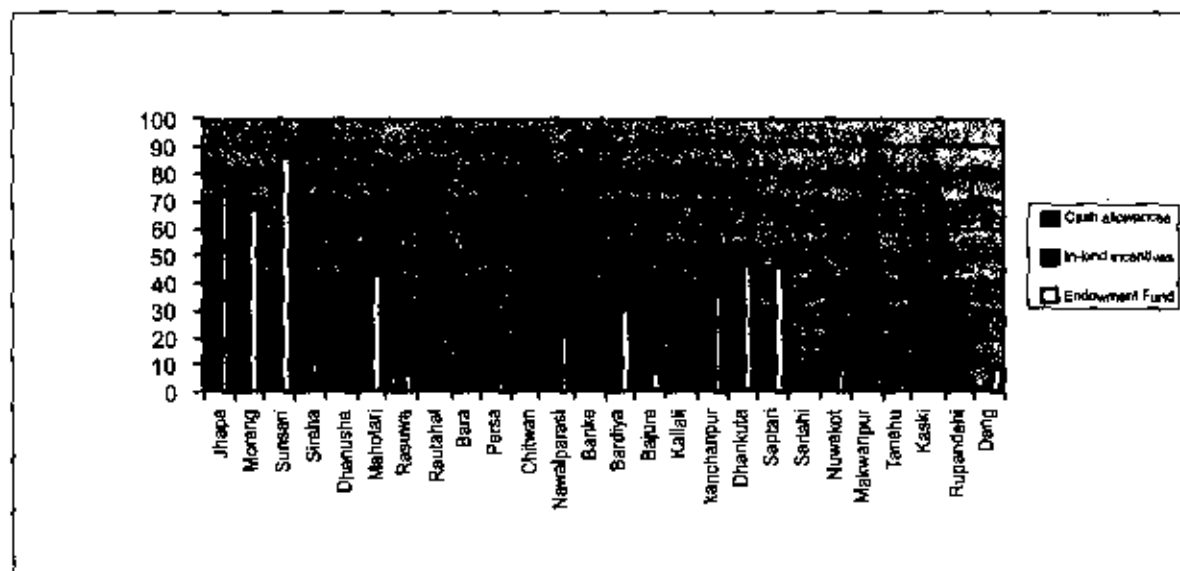
Similar situation was reported in other 9 districts as well. Ninety-three percent of the FCHVs in Makwanpur district reported of the existence of endowment fund at the VDC level to support their activities while very low percentages of the FCHVs from other districts such as Tanahu (3.1%) and Sarlahi (8.1%) districts reported of the existence of the same provision (Table 9.6). 81

Table 9.6: Percentage distribution of FCHVs who reported their VDC having funds to support FCHV activities by survey districts

		Have fund to support FCHV activities	Not Found	Don't Know	Total
NFHP district	Jhapa	72.7	24.3	3.0	60
	Morang	67.0	31.0	2.0	79
	Sunsari	86.0	2.0	12.0	144
	Siraha	10.1	87.9	2.0	128
	Dhanusha	8.2	50.0	41.8	123
	Mahotari	42.4	57.6	0.0	92
	Rasuwa	6.3	93.7	0.0	33
	Rautahat	1.0	92.8	6.2	122
	Bara	8.1	90.9	1.0	119
	Parsa	4.0	78.0	18.0	100
	Chitwan	92.8	5.1	2.1	55
	Nawalparasi	21.4	66.4	12.2	95
	Banke	22.2	60.6	17.2	90
	Bardiya	29.9	67.0	3.1	113
	Bajura	6.7	87.7	5.6	35
Kailali	30.3	69.7	0.0	171	
Kanchanpur	35.1	53.2	11.7	99	
Total		31.0	60.2	8.8	1,659
Other districts	Dhankuta	46.9	39.6	13.5	42
	Saptari	45.0	55.0	0.0	144
	Sarlahi	8.1	84.8	7.1	43
	Nuwakot	9.1	77.8	13.1	144
	Makwanpur	93.2	6.8	0.0	50
	Tanahu	3.1	77.5	19.4	56
	Kaski	82.8	15.2	2.0	105
	Rupandehi	27.3	62.6	10.1	170
Dang	8.4	77.9	13.7	104	
Total		34.0	57.6	8.4	859

Figure 9.1 summarizes three kinds of community support (cash allowances, in-kind incentives and endowment funds) for each district. It is notable that in some districts none of these incentives are common.

Figure 9.1: Community Supports for FCHVs



ANNEXES

NAME LIST OF SURVERYERS

1.	Mr. Raj Kumar Ghimire	2.	Mr. Arjun Tamang
3.	Mr. Yuva Raj Neupane	4.	Mr. Jyoti Gurung
5.	Mr. Naveen Khatiwada	6.	Mr. Sabin Karki
7.	Mr. Devi Prasad Adhikari	8.	Mr. Gopi Lal Dhama
9.	Mr. Shanu Bhai Thapa	10.	Mr. Naveen Khadka
11.	Mr. Baal Krishna Niraula	12.	Mr. Ghan Bahadur Saud
13.	Mr. Jibesh Dulal	14.	Mr. Niraj Dhaubhadel
15.	Mr. Rajendra Neupane	16.	Mr. Saroj Adhikari
17.	Mr. Punya Prasad Shiwakoti	18.	Mr. Bishnu Prasad Pathak
19.	Mr. Mitra Prasad Dahal	20.	Mr. Birat Chandra Wagle
21.	Mr. Niraj Kumar Shah	22.	Mr. Santa Kumar Shrestha
23.	Mr. Prabhaad Prasad Singh	24.	Mr. Raveen Manandhar
25.	Mr. Dipesh Kumar Shah	26.	Mr. Devendra Upadhyaya Lamsal
27.	Mr. Umesh Prasad Jayaswal	28.	Mr. Krishna Bahadur Khanal
29.	Mr. Indra Lal Chapagain	30.	Mr. Binod Poudel
31.	Mr. Dhananjaya Shah	32.	Mr. Akur Thapa
33.	Mr. Devi Sangroula	34.	Mr. Bishnu Bahadur Kunwar
35.	Mr. Nanda Kumar Sangroula	36.	Mr. Guna Raj Devkota
37.	Mr. Govinda Rimal	38.	Mr. Madhav Prasad Rimal
39.	Mr. Binod Devkota	40.	Mr. Dhanendra Roka
41.	Mr. Sanjeeb Shrestha	42.	Mr. Deepak Sharma
43.	Mr. Bhupendra Kumar Katwal	44.	Mr. Mohan Singh Dhama
45.	Mr. Sushil Bikram Rana	46.	Mr. Naveen Kumar Chaudhary
47.	Mr. Shyam Sundar Prasad Tharu	48.	Mr. Kamal Timsina
49.	Mr. Kishor Krishna Takachhe	50.	Mr. Aaishwarya Prasad Dhakal
51.	Mr. Kul Bikram Rana	52.	Mr. Ramesh Kumar Lawati
53.	Mr. Chuda Mani Subedi	54.	Mr. Bishma Shankar Bhatta
55.	Mr. Nani Ram Aryal	56.	Mr. Krishna Kumar Shrestha
57.	Mr. Tara Nidhi Pyakurel	58.	Mr. Arjun Sapkota
59.	Mr. Bashanta Kumar Chaudhary	60.	Mr. Dandi Raj Ojha
61.	Mr. Kewal Ram Parajuli	62.	Mr. Bishnu Bahadur Bohara
63.	Mr. Shyam Krishna Adhikary	64.	Mr. Hari Kumar Shrestha
65.	Mr. Phadindra Nepal	66.	Mr. Baikuntha Shrestha
67.	Mr. Naveen Manandhar	68.	Mr. Karan Bahadur Bhandari
69.	Mr. Bishnu Bahadur Mahara	70.	Mr. Durga Prasad Phuyal

NEPAL FAMILY HEALTH PROGRAM
FCHV QUESTIONNAIRE, 2005

IDENTIFICATION

NAME AND CODE OF DISTRICT _____	<input type="text"/>
NAME AND CODE OF VDC _____	<input type="text"/>
WARD NUMBER _____	<input type="text"/>
FCHV SERIAL NUMBER _____	<input type="text"/>
NAME OF FCHV _____	<input type="text"/>

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 8 <input type="text"/> 2
INTERVIEWER'S NAME				INT. CODE <input type="text"/> RESULT <input type="text"/>
NEXT VISIT: DATE				TOTAL NO. OF VISITS <input type="text"/>
TIME				

**RESULT CODES:

- 1 COMPLETED
- 2 NO FCHV AT HOME AT TIME OF VISIT (3 ATTEMPTS MADE)
- 3 FCHV ABSENT FOR EXTENDED PERIOD OF TIME
- 4 REFUSED
- 5 FCHV DIED OR NO LONGER IN SERVICE
- 6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>READ THE FOLLOWING GREETING:</p> <p>Hello, my name is _____. I am from New ERA, a private research agency working in collaboration with the Ministry of Health. We are carrying out a survey of Female Community Health Volunteers who provide services to women and children in Nepal, with the goal of finding ways to improve service delivery. We would like to talk with you about the health services that you provide and your experience in providing such services. Please be assured that the information we collect is completely confidential and is not identified with your name specifically. We are asking for your help to ensure that the information collected is accurate.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p>_____ DATE</p> <p>INTERVIEWER'S SIGNATURE (Indicating respondent's willingness to participate)</p>		

First, I would like to talk to you about your supplies and other items that you use when you provide health services.

	01 Do you have (ITEM) available?	02 May I see (ITEM)?	03 Why do you not have (ITEM)?
Condoms?	YES 1 NO 2 → GO TO Q.03	OBSERVED 1 NOT OBSERVED 2 (SKIP TO NEXT ITEM) *****	DON'T NEED/NO CLIENTS 1 NO SUPPLY/STOCKOUT 2
Oral pills?	YES 1 NO 2 → GO TO Q.03	OBSERVED 1 NOT OBSERVED 2 (SKIP TO NEXT ITEM) *****	DON'T NEED/NO CLIENTS 1 NO SUPPLY/STOCKOUT 2
Cotrimoxazole-Pediatric? (Treatment FCHV only)	YES 1 NO 2 → GO TO Q.03	OBSERVED 1 NOT OBSERVED 2 (SKIP TO NEXT ITEM) *****	DON'T NEED/NO CLIENTS 1 NO SUPPLY/STOCKOUT 2 REFERRAL FCHVS 3
ORS packet?	YES 1 NO 2 → GO TO Q.03	OBSERVED 1 NOT OBSERVED 2 (SKIP TO NEXT ITEM) *****	DON'T NEED/NO CLIENTS 1 NO SUPPLY/STOCKOUT 2
Iron pills ?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Vitamin A capsules?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Vitamin A register?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Vitamin A and nutrition flipchart?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Treatment book? (Treatment FCHV only)	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Referral book?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
ARI liner?	Yes (working) 1 Yes (not working) 3 No 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Classification card?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Cotrim dose card? (Treatment FCHV only)	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Home therapy card?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Blue plastic cup?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
Basic FCHV flipchart?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	
FCHV register?	YES 1 NO 2 → NEXT ITEM	OBSERVED 1 NOT OBSERVED 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
04	How old were you on your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
05	Have you ever attended school?	YES 1 NO 2	** < 08
06	What is the highest grade you completed?	GRADE <input type="text"/> <input type="text"/>	
<p>07 CHECK 06:</p> <p>GRADE 5 OR BELOW <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/> → 09</p> <p style="margin-left: 100px;">↓</p>			
08	<p>Now I would like you to read out loud as much of this sentence as you can.</p> <p>SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p>	
09	<p>What is your caste?</p> <p>WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR.</p>	<p><input type="text"/> <input type="text"/></p> <p>CASTE</p>	
10	<p>How many years have you worked as an FCHV?</p> <p>RECORD RESPONSE IN COMPLETED YEARS. IF LESS THAN ONE YEAR RECORD '00'.</p>	YEARS <input type="text"/>	
11	In the last week, how many days did you work as an FCHV?	DAYS <input type="text"/>	
12	On average, on the days you work, how much time a day do you spend doing FCHV work?	<p>HOURS <input type="text"/></p> <p>MINUTE <input type="text"/></p>	
13	Considering your work as an FCHV and the time you spend on this work, would you be interested in spending the same amount of time, more time, or less time on work as an FCHV?	<p>SAME AMOUNT OF TIME 1</p> <p>MORE TIME 2</p> <p>LESS TIME 3</p>	
14	<p>What are your main sources of information on health issues?</p> <p>Any others?</p>	<p>Radio A</p> <p>FCHV meetings/trainings B</p> <p>Supervisor C</p> <p>Other health providers D</p> <p>Other FCHVs E</p> <p>Health facilities F</p> <p>Television G</p> <p>Newspaper H</p> <p>OTHER Y</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
15	When was the last time your supervisor contacted you to talk about work? FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 96	
16	In the last month, have you given information on the number and types of services you have provided as an FCHV to your supervisor or someone at the health facility?	YES 1 NO 2	
17	When was the last time, if any, that you were visited by a person other than someone from your local health facility or VDC who talked to you individually about your work as an FCHV? FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 96	
18	Do you go to your health facility once a month for a meeting ?	YES 1 NO 2	
19	Did you participate last year Poush 2061 to Jestha 2062 in the pneumonia/ARI review meeting.	YES 1 NO 2 DON'T KNOW 8	< 21
20	Did anyone from outside your local health facility or VDC participate in any such meeting to help review the work of the FCHVs?	YES 1 NO 2	
21	Do you have a radio in the house?	YES 1 NO 2	< 23
22	How often do you get to choose what is listened to on the radio in your house: always, often, sometimes, rarely or never?	ALWAYS 1 OFTEN 2 SOMETIMES 3 RARELY 4 NEVER 5	
23	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
24	How well do you understand the Nepali language when you hear it on the radio? Would you say well/easily, with some difficulty, with great difficulty, or cannot understand at all.	WELL/EASILY 1 WITH SOME DIFFICULTY 2 WITH GREAT DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4 DON'T KNOW/NA 96	
25	In the last six months, have you heard anything on the radio about child health or family planning?	YES 1 NO 2	
26	In the last six months, have you heard the following programs on the radio: a) Sawa Nei Dharma Ho? b) Gyan Nei Shakti Ho? c) Jana Swastha Karyakram?	YES NO SEWA NEI DHARMA HO 1 2 GYAN NEI SHAKTI HO 1 2 JANA SWASTHA KARYAKRAM 1 2	
27	CHECK 26 a)		

YES

NO

30

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28	Do you listen to Sewa Nei Dharma Ho regularly, sometimes or rarely?	REGULARLY.....1 SOMETIMES.....2 RARELY.....3	< 30
29	Why do you not listen to Sewa Nei Dharma Ho more often? MULTIPLE ANSWERS POSSIBLE	PROGRAM IS NOT INTERESTING.....A LANGUAGE DIFFICULT TO UNDERSTAND.....B DO NOT HAVE TIME TO LISTEN.....C DO NOT KNOW WHEN THE SHOWS ARE BROADCAST.....D BROADCASTING TIME NOT APPROPRIATE.....E RADIO NOT WORKING.....F RECEPTION NOT CLEAR.....G OTHER.....Y (SPECIFY)	
30	Clients are more likely to understand and comply with an FCHV's recommendation if she has established good rapport with them. What do you think are the key things an FCHV should do to have good rapport with a client? CIRCLE ALL THAT APPLY	GREET CLIENT HOSPITABLY.....A SMILE, USE EYE CONTACT.....B LISTEN CAREFULLY.....C ASSURE CLIENT'S CONFIDENTIALITY ASK ABOUT CLIENT'S HEALTH PROBLEMS.....E PROVIDE INFORMATION RELEVANT TO CLIENT'S NEEDS.....F TREAT CLIENT WITH RESPECT AND COURTESY.....G OTHER.....Y (SPECIFY)	
31	Is there an outreach clinic conducted regularly (that is 6 or more times a year), that covers your ward? NOTE: 'REGULARLY MEANS 6 OR MORE TIMES A YEAR	YES.....1 NO.....2	< 33
32	What is your role as an FCHV in this clinic?	NO ROLE.....A REFER PATIENTS TO CLINIC.....B ATTEND THE CLINIC TO HELP.....C OTHER.....Y (SPECIFY)	
33	In the last one month, have you given condoms to anyone?	YES.....1 NO.....2	< 35
34	How many people did you give condoms to in the last one month?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW.....998	
35	In the last one month, have you given the pill to anyone?	YES.....1 NO.....2	< 37
36	How many people did you give the pill to in the last one month?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW.....998	
37	In the last one month, have you referred anyone for a depo-provera shot?	YES.....1 NO.....2	< 39
38	How many people did you refer for a depo-provera shot in the last one month?	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW.....898	
39	In the last one month, have you given ORS packets to anyone?	YES.....1 NO.....2	< 41

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
40	<p>Of the people you gave ORS packets to in the last one month:</p> <p>a. How many were less than 5 years old?</p> <p>b. How many were 5 years or older?</p> <p>c. Can you tell the caste of the last three under 5 years children you have provided ORS?</p> <p>WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR</p>	<p>LESS THAN 5 YEARS <input type="text"/><input type="text"/><input type="text"/><input type="text"/> 998 DON'T KNOW</p> <p>5 YEARS OR OLDER <input type="text"/><input type="text"/><input type="text"/><input type="text"/> 998 DON'T KNOW 998</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> DON'T KNOW 98</p>	
41	How many households are in the area you cover?	<p>NUMBER <input type="text"/><input type="text"/><input type="text"/><input type="text"/> DON'T KNOW 9998</p>	
42	<p>How many babies were born in the area you cover over the past 12 months?</p> <p>IF NONE RECORD '000'</p>	<p>NUMBER <input type="text"/><input type="text"/><input type="text"/> DON'T KNOW 998</p>	
43	Do you provide counseling or advice to pregnant women?	<p>YES 1 NO 2</p>	< 45
44	In the last 12 months how many pregnant women have you counseled?	<p>NUMBER <input type="text"/><input type="text"/><input type="text"/> DON'T KNOW 998</p>	
45	<p>What kinds of advice do you give to pregnant women about their pregnancy and delivery?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>GO FOR ANTENATAL CHECKUPS A GET TETANUS TOXOID SHOTS B TAKE IRON TABLETS C ADVICE ON NIGHT BLINDNESS DURING PREGNANCY D OTHER ADVICE ON ACTIVITIES DURING PREGNANCY E DANGER SIGNS THAT REQUIRE MEDICAL ATTENTION F USE A SKILLED BIRTH ATTENDANT G MAKE PLANS IN CASE OF EMERGENCIES H SAVE MONEY IN CASE OF EMERGENCY I DON'T KNOW X OTHER Y (SPECIFY)</p>	
48	<p>What are the danger signs of pregnancy complications that require medical attention?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SEVERE HEADACHE A BLURRED VISION/SWELLING OF HANDS OR FACE B SEVERE LOWER ABDOMINAL PAIN C FAINTING OR SEIZURES D BLEEDING (VAGINAL) E DON'T KNOW X OTHER Y (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
47	In the last 12 months, have you provided iron tablets to pregnant women?	YES 1 NO 2 DON'T KNOW 8	} 49
48	How many women have you provided iron tablets to in the past 12 months? IF NONE RECORD '000'	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
49	In the last 12 months, have you been present at a birth?	YES 1 NO 2	< 51
50	How many births have you been present for?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
51	Do you work as a TBA?	YES 1 NO 2	
52	Have you ever received training for TBAs?	YES 1 NO 2	
53	Do you make visits to women in their homes after they have given birth?	YES 1 NO 2	< 55
54	For the most recent women you visited at home, how long after birth did you make your first visit? Write '00' for less than one day.	DAY <input type="text"/> <input type="text"/> DON'T KNOW 98	
55	In the last 12 months, have you provided vitamin A capsules to women after delivery?	YES 1 NO 2 DON'T KNOW 8	} 57
56	In the last 12 months how many women have you given vitamin A to after they gave birth?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
57	Are you a treatment or referral FCHV for childhood pneumonia? By treatment I mean that you have been trained to give cotrim for pneumonia, and by referral I mean that you have been trained to diagnose pneumonia, but not to give cotrim yourself.	TREATMENT 1 REFERRAL 2 NEITHER 3 DON'T KNOW 8	} 61
58	In the last 6 months have you examined any child with cough and cold?	YES 1 NO 2	< 60
59	How many children with cough and cold have you examined in the last six months? (observed/count tally marks in the treatment/referral book.) a. Can you tell the cast of the last three children under 5 years you have seen with ARI/Pneumonia. WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	

		SOURCE OF INFORMATION	
60	CHECK FCHVS PNEUMONIA TREATMENT/AND OR REFERRAL BOOK REGISTER. IF THESE ARE NOT AVAILABLE ASK FCHV TO ESTIMATE. RECORD NUMBER AND CIRCLE APPROPRIATE SOURCE OF INFORMATION. Q60 A & B APPLIES FOR BOTH TYPES OF FCHVS (TREATMENT/REFERRAL, QUESTION 60C & D ARE FOR TREATMENT FCHV ONLY).		
	a) In the last 6 months, how many children less than two months of age have you referred for treatment? (observed/count in the referral book.)	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	1 2
	b) In the last 6 months, how many children two months to five years of age have you referred for treatment?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	1 2
	c) In the last 6 months, how many children two months to five years of age with pneumonia have you treated? (observed/count in the treatment book.)	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	1 2
d) In the last 6 months, how many children two months to five years of age with pneumonia were you not able to treat because you did not have cotrim?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		2
IF NONE RECORD '000'			
61	Do you conduct mothers' group meetings to discuss health matters?	YES 1 NO 2	< 64
62	How many women usually attend your mothers' group meetings?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
63	In the past year, how many times did you meet?	NUMBER OF TIMES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
64	In the past year, has your local community or VDC provided you as an FCHV:	YES NO DON'T KNOW	
	a) Support from your mother's group to carry out your work?	1 2 8	
	b) Cash payments or allowances for attending meetings (not including regular government payments for refresher meetings or for polio immunization days)?	1 2 8	
	c) In-kind incentives like a sari, bicycle or other items?	1 2 8	
65	Does your VDC have an endowment fund to support FCHV activities?	YES 1 NO 2 DON'T KNOW 8	
66	Do you know about the national FCHV day?	YES 1 NO 28	< 68
67	Did you celebrate national FCHV day last year?	YES 1 NO 2 DON'T KNOW 8	
68	Do you have an FCHV identification card?	YES 1 NO 2 DON'T KNOW 8	

Thanks for your cooperation in completing this interview