

Health Policy in Nepal: The Role of Community Health Workers

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*switching the poles
in international health policies*

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Articles by Sarita Panday.



Postdoctoral Fellow, Developing Asia Health Policy at The Walter H Shorenstein, Asia-Pacific Research Center, Stanford; & IHP correspondent South Asia

Empowering women in rural Nepal: My journey from Nepal to Stanford (and back)

Posted in articles by [Sarita Panday](#) on March 29, 2019

I still remember the day vividly: I asked my father for money to pay for my high school education. As a first-generation college student, I was the only one in my family who had attended college.



27.03.2019

Outline

1. Public Healthcare System in Nepal
2. Community Health Workers in Nepal
3. The Roles of Community Health Workers in Maternity Care
4. The Importance of Paying Community Health Workers
5. Key Barriers to Use Community Health Workers' services
6. Use of Community-based Participatory Approaches to Improve Healthcare

Nepal on the Map



Source: Google Map

A Brief Facts about Nepal

Estimated Population 26.4 million (CBS, 2011)

92 Dialects and 125 Ethnic Groups (CBS, 2012)

Human Development Index (HDI) Value 0.574,

Gross National Income per Capita (Purchasing Power

Parity US \$) 2471 (Source: United Nations Development Programme estimate for

2018)

Health system

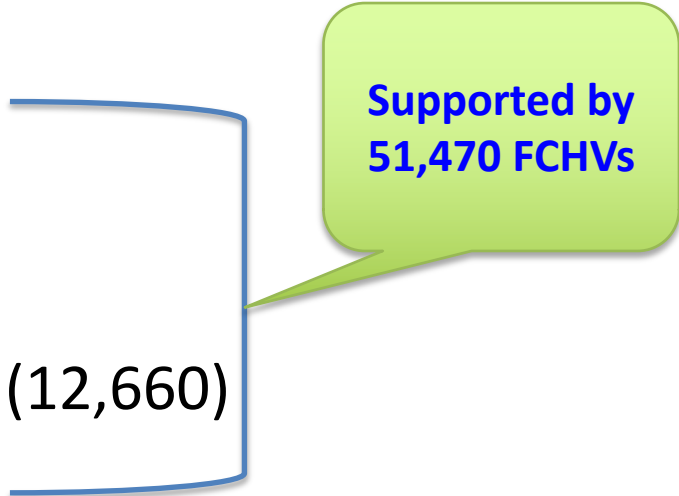
Department of Health Services

Department of Drug Administration

Department of Ayurveda and alternative
Medicine

Department of Health Services: Health Service Delivery

Public services in 2015/2016

- Public hospitals (104) (plus 303 private hospitals, which are mainly located in Kathmandu)
 - Primary health care centres (202)
 - Health posts (3,803)
 - Primary health care outreach clinic (12,660)
 - Immunisation Clinic (16,134)
- 
- Supported by
51,470 FCHVs

Why Female Community Health Volunteers (FCHVs)

Severe shortage of skilled human resources (less than 7/10 000 instead of 23/10 000)

Urban versus Rural Divide (80% of total population live in rural communities, but resources are concentrated in the capital city, Kathmandu)

Rural women 3 times more likely to die from childbirth

Therefore, volunteer community health workers known as FCHVs have been at the forefront of public healthcare system

FCHVs in Nepal Government Priority Programs

Child Health

Family Health

Disease Control

Curative Services

FCHVs in Family Health Programs

Family Planning

Safe Motherhood

Primary Health Care Outreach Clinics

Adolescent Sexual and Reproductive Health

Services

Demography and Reproductive Health Research

FCHVs in Disease Control

Malaria

Kala-azar

Lymphatic filariasis

Dengue

Leprosy

Tuberculosis

HIV/AIDS and Sexually transmitted infections

Curative Service

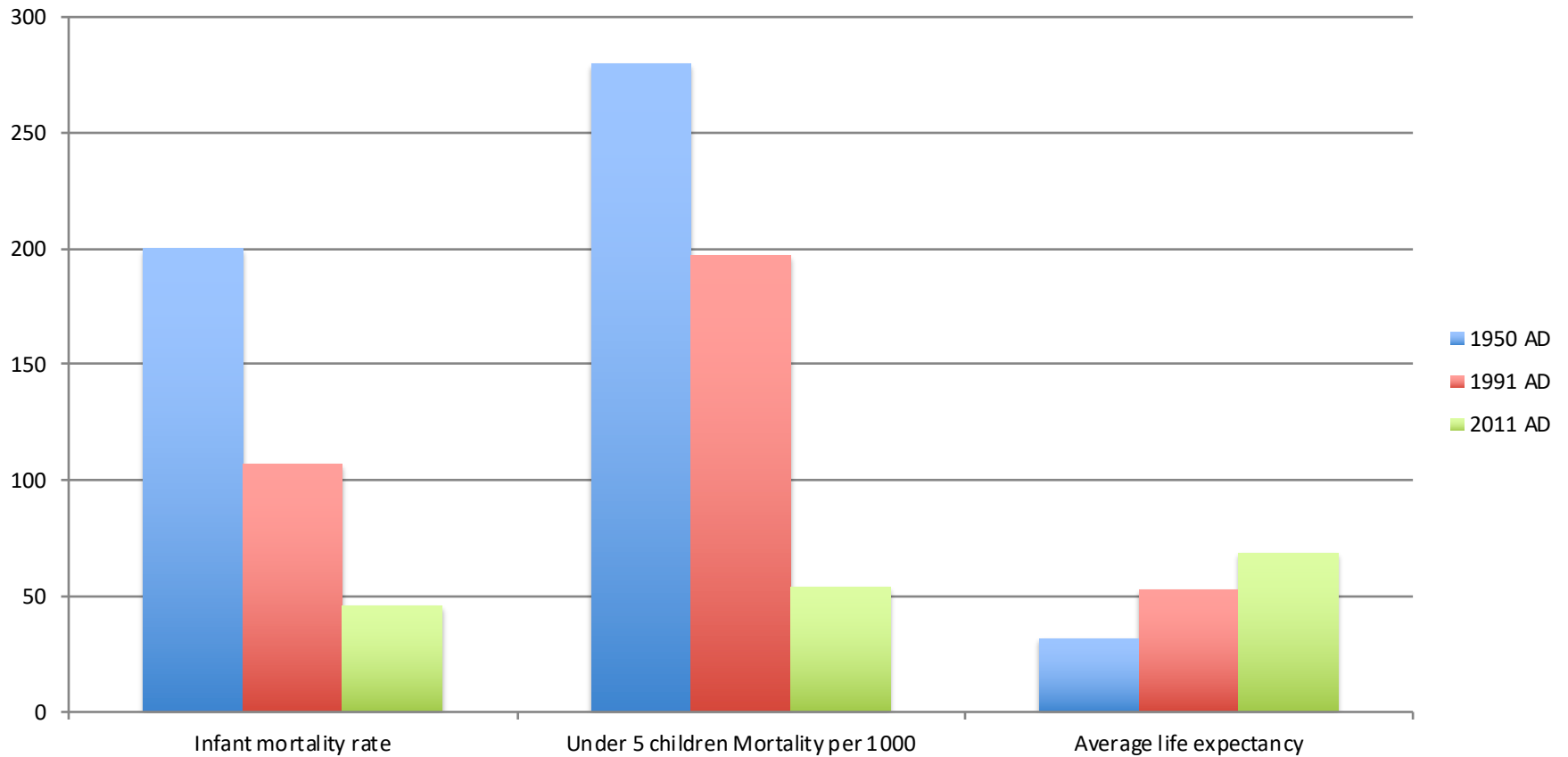


The Constitution of Nepal 2015 gives every citizen the right to basic health services free of cost. This applies to outpatient services in public health centers.

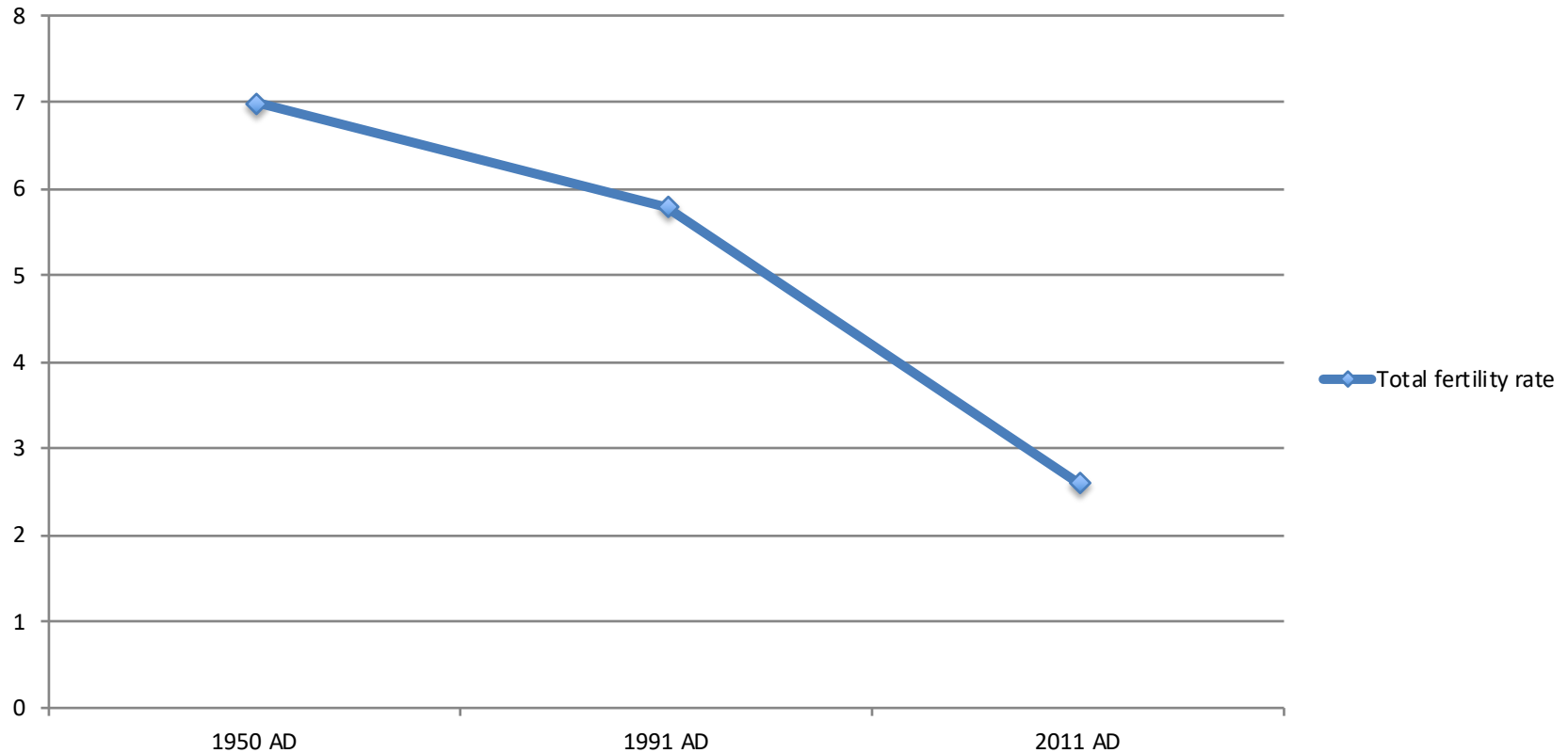
Free inpatient and emergency services are available for poor, disabled, elderly, FCHVs and victims of gender violence in up to 25 bedded district hospitals and primary healthcare centers.

Current Health Status of Nepalese Population

Improving Trends in Health and Life Expectancy of Nepalese Population

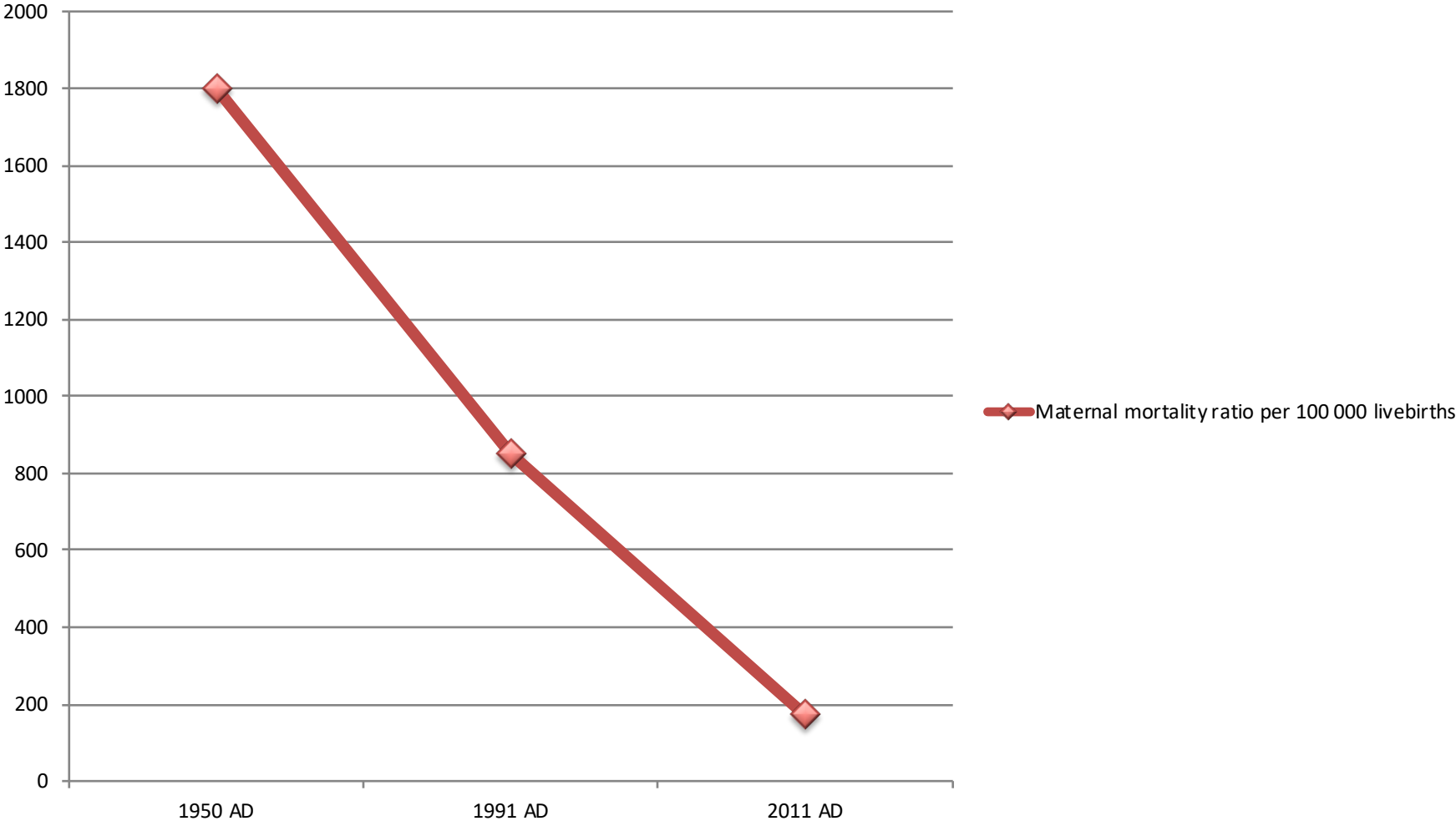


Decline in Total Fertility Rate



E.g. FCHVs distributed 10 million packets of condoms in 2015/16 (DoHS annual report, 2015/16)

Maternal Mortality Ratio Per 100 000 Live Births



Possible Reasons for Reductions in Maternal Mortality

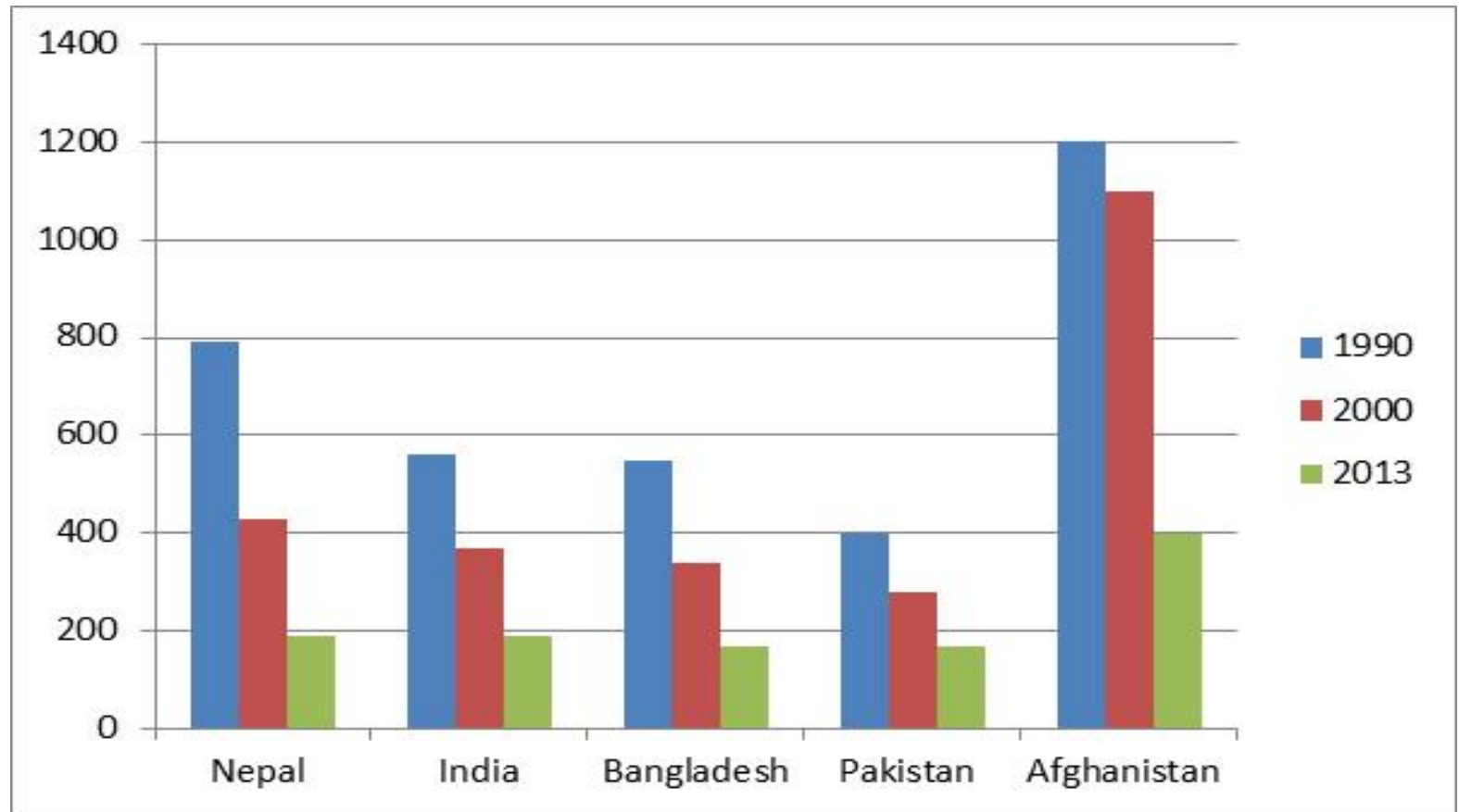
Increased access to maternal health services (including fertility control measures)

Increased income and education of women

Introduction of safe abortion policy in 2002 → practice from 2004

Widespread mobilisation of Female Community Health Volunteers in rural communities

Maternal Mortality Ratio Per 100000 Live Births



Female Community Health Volunteers (FCHV) in Maternal Health

Since 1988, volunteers have been a key workforce to promote safe motherhood, child health and family planning through extension of primary healthcare to rural population.

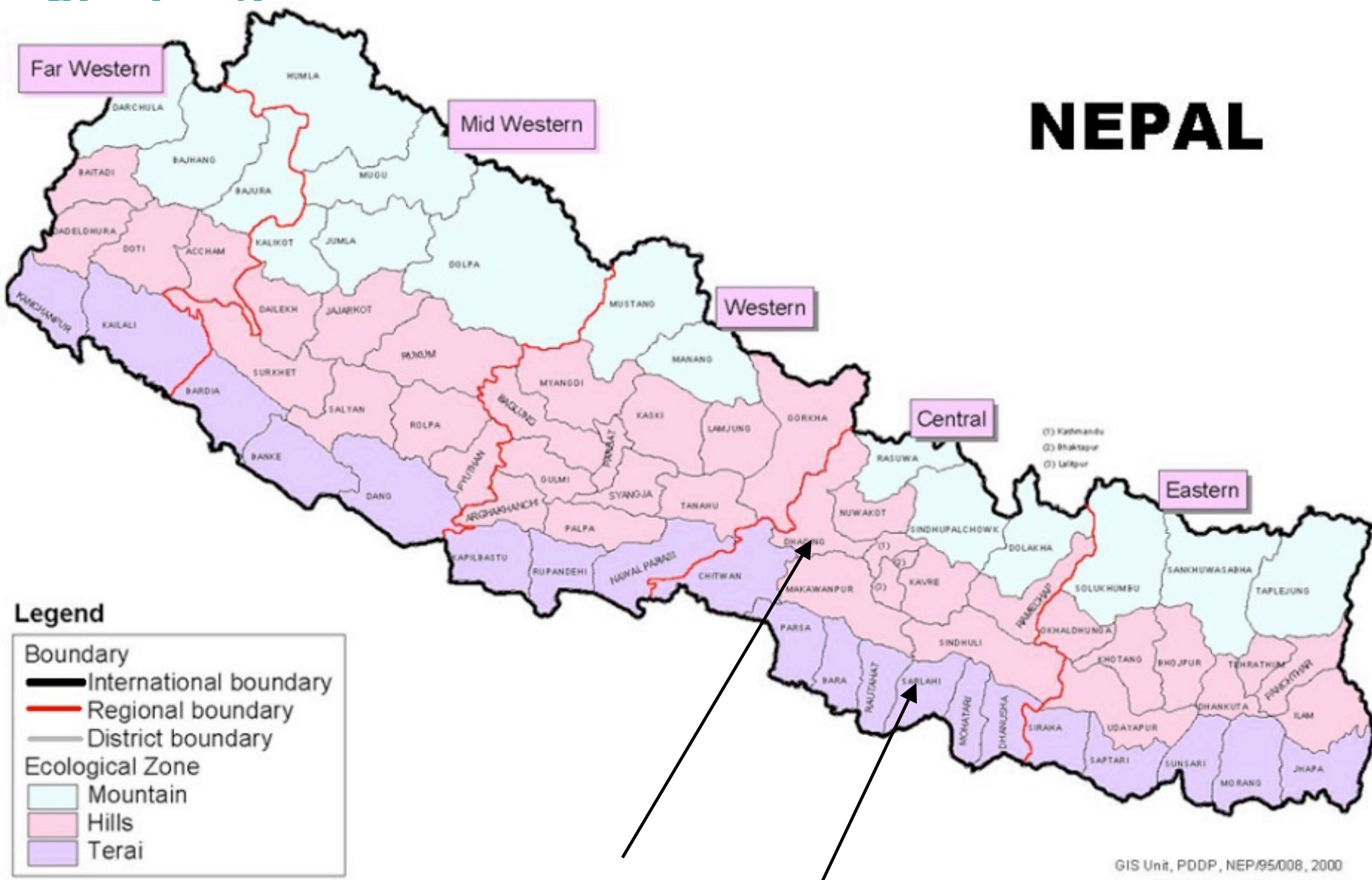
They distribute oral contraceptive pills, condoms and oral rehydration solution (ORS) and counsel and refer mothers to health facilities.

However, limited studies on the experiences of volunteers themselves.

The Role of Female Community
Health Volunteers in Maternal
Health Service Provision in Nepal: A
Qualitative Study June 2016 (PhD)

Study Sites

NEPAL



Data Collection and Analysis

Between May and September 2014, semi-structured interviews were carried out with 64 individuals:

20 FCHVs

26 women service users

11 local healthcare workers

5 policy-makers and

2 national-level non-government workers.

In addition, four focus groups were held with 19 volunteers.

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Key Findings

- 1) Volunteers have a crucial role in the provision of primary healthcare in rural Nepal (Paper I)
- 2) Volunteers resented having to work additional hours without monetary support (Paper II)
- 3) Volunteers' services are not used by women from ethnic minority groups (Paper III)

The Role of Volunteers in Rural Nepal

(Paper I)

The main difference between the two study regions was the support available to volunteers.

A wide scope of work among volunteers in the hill villages:

- assisted with childbirth
- distributed medicines
- administered pregnancy tests
- used innovative local approaches to educate mothers

Such activities were largely absent in the Terai-flatland region.

Published Work in Peer-reviewed Articles

US National Library of Medicine
National Institutes of Health

[Advanced](#) [Journal list](#)

[Journal List](#) > [BMC Health Serv Res](#) > v.17; 2017 > PMC5584032

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[BMC Health Serv Res](#). 2017; 17: 623.

PMCID: PMC5584032

Published online 2017 Sep 4. doi: [10.1186/s12913-017-2567-7](https://doi.org/10.1186/s12913-017-2567-7)

PMID: [28870185](https://pubmed.ncbi.nlm.nih.gov/28870185/)

The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a qualitative study

[Sarita Panday](#),^{✉1} [Paul Bissell](#),¹ [Edwin van Teijlingen](#),² and [Padam Simkhada](#)³

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This article has been [cited by](#) other articles in PMC.

Monetary incentives for volunteers

(Paper II)

None of the study volunteers felt the incentives matched to the amount of work they undertook

The opportunity cost and out-of-pocket expenses caused obstacles in volunteering for women

Inadequate incentives were a source of friction in their relationship with their fellow volunteers, paid health workers and community members

Barriers to Use Volunteers' Services (Paper III)

My forthcoming paper in *PLOS One* explores the underuse of healthcare services among Nepal's marginalized communities:

Dalits (the lowest group within the Hindu caste system),

Madhesi (people living in the southern plains of Nepal, close to the border with India),

Muslim, and

Chepang and Tamang (indigenous groups in hill villages)

Barriers to Use Volunteers' Services (Paper III)

Lack of knowledge

Lack of trust in volunteers

Traditional beliefs and healthcare practices

Low decision-making power among women and

Perceived indignities experienced when using
healthcare centers

How do we get women from marginalised communities to use available healthcare services?



One potential approach is using community-based participatory approaches to address health needs of marginalized communities.



Community-based Participatory Approaches: My Experience

A three month systematic review

The effectiveness of community engagement and participation approaches in low and middle income countries: a review of systematic reviews with particular reference to the countries of South Asia.

One year postdoctoral fellowship

Resilience Policymaking in Nepal: Giving Voice to Communities. (community-based participatory research)

Community-based Participatory Research: Learning

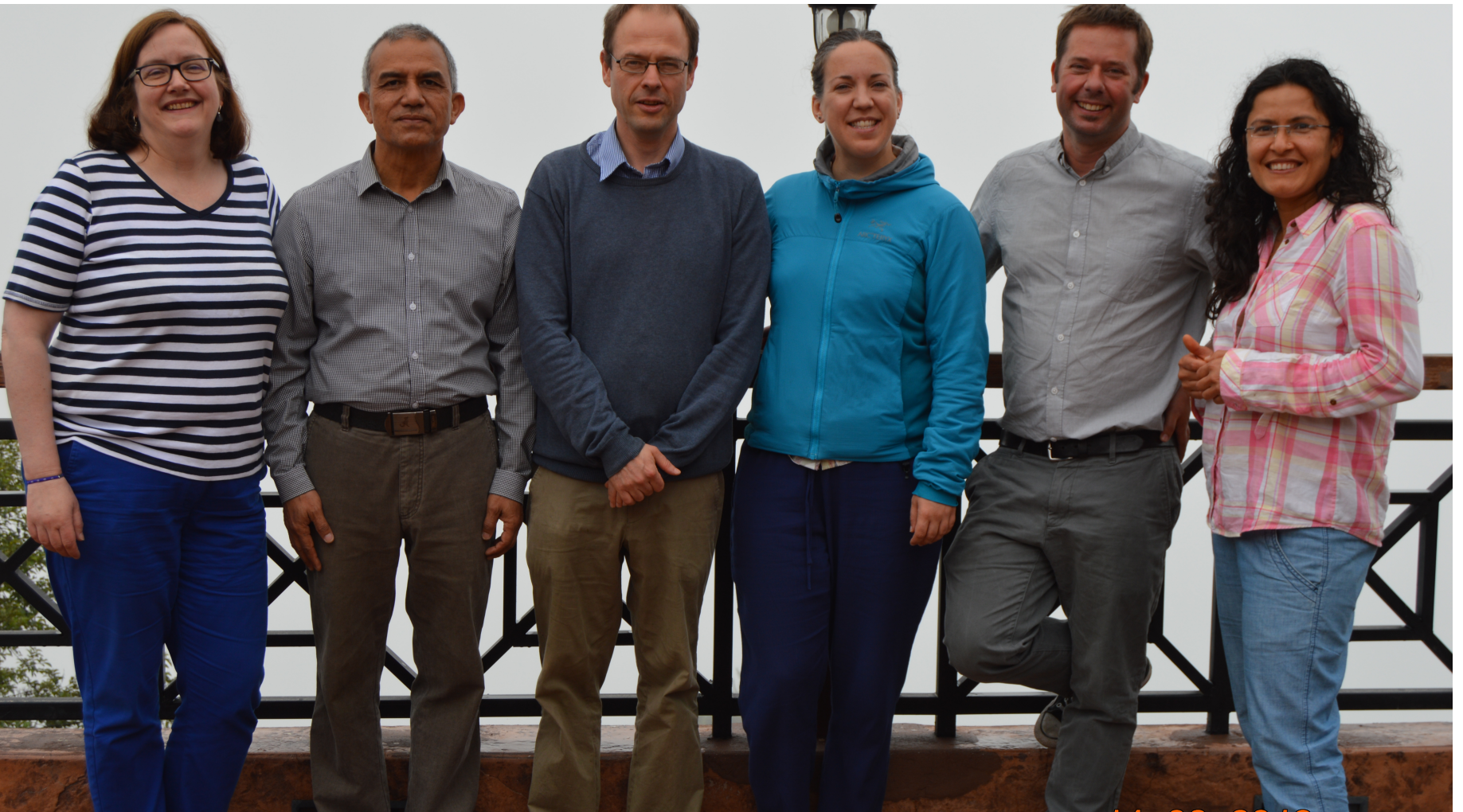
Interdisciplinary Collaboration

Strong Partnership with Local Organisation

Use of multiple Participatory Approaches

Research Impact

1. Interdisciplinary Collaboration



2. Strong Partnership with Local Organisation

Long history of association

Involved in volunteering work



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10th January 2019

To
Sarita Panday,
Stanford University, Asia Pacific Research Centre, Stanford, CA 94305
Honorary Research Fellow, Department of Politics, The University of Sheffield

Letter of Support to conduct research entitled 'Equity and inclusion in maternal and child healthcare: from policy to action - a participatory co-designed research project on access to health among women from marginalised populations in rural Nepal'



3. Use of Multiple Participatory Approaches

Stakeholders' Consultation

Focus Group Discussions

Participatory Video Making

Participatory Policy Workshops

Participatory Approaches

Stakeholders' Consultation



[1, 2, 2] 7 2M 2F [Tanner] [Bhadra] [FD] [M]

Name	Address	Sex	Age	Education	Contact No.
1. B. Khan Thakur		M	19	11	981934
2. Manoj K.C.		M	18	11	98234
3. Sanjita Bhatta		F	18	11	98234
4. Manish Nepal		M	17	8	981212
5. Sanjita Sharma		F	17	11	981212
6. Manjira Shrestha		F	17	12	981212
7. Manjira Shrestha		F	20	12	981212
8. Manjira Shrestha		F	19	B.Ed	981212
9. Manjira Shrestha		F	20	11	981212
10. Manjira Shrestha		M	19	12	981212
11. Manjira Shrestha		M	18	12	981212
12. Manjira Shrestha		F	18	13	981212
13. Manjira Shrestha		F	23	B.Ed	981212
14. Manjira Shrestha		M	15	11	981212
15. Manjira Shrestha		M	19	11	981212
16. Manjira Shrestha		F	18	12	981212
17. Manjira Shrestha		F	18	12	981212
18. Manjira Shrestha		F	19	11	981212
19. Manjira Shrestha		F	20	12	981212
20. Manjira Shrestha		M	33	SEC	981212

Selectal after interview

- 1. Manjira Shrestha - 5
- 2. Manish Nepal - 3
- 3. Manjira Shrestha - 7
- 4. Manjira Shrestha - 3
- 5. Manjira Shrestha - 5
- 6. Manjira Shrestha - 1
- 7. Manjira Shrestha - 1
- 8. Manjira Shrestha - 8

Participatory Approaches

Focus Groups



Participatory Approaches

Participatory Video Making



Participatory Approaches

Participatory Video Screening

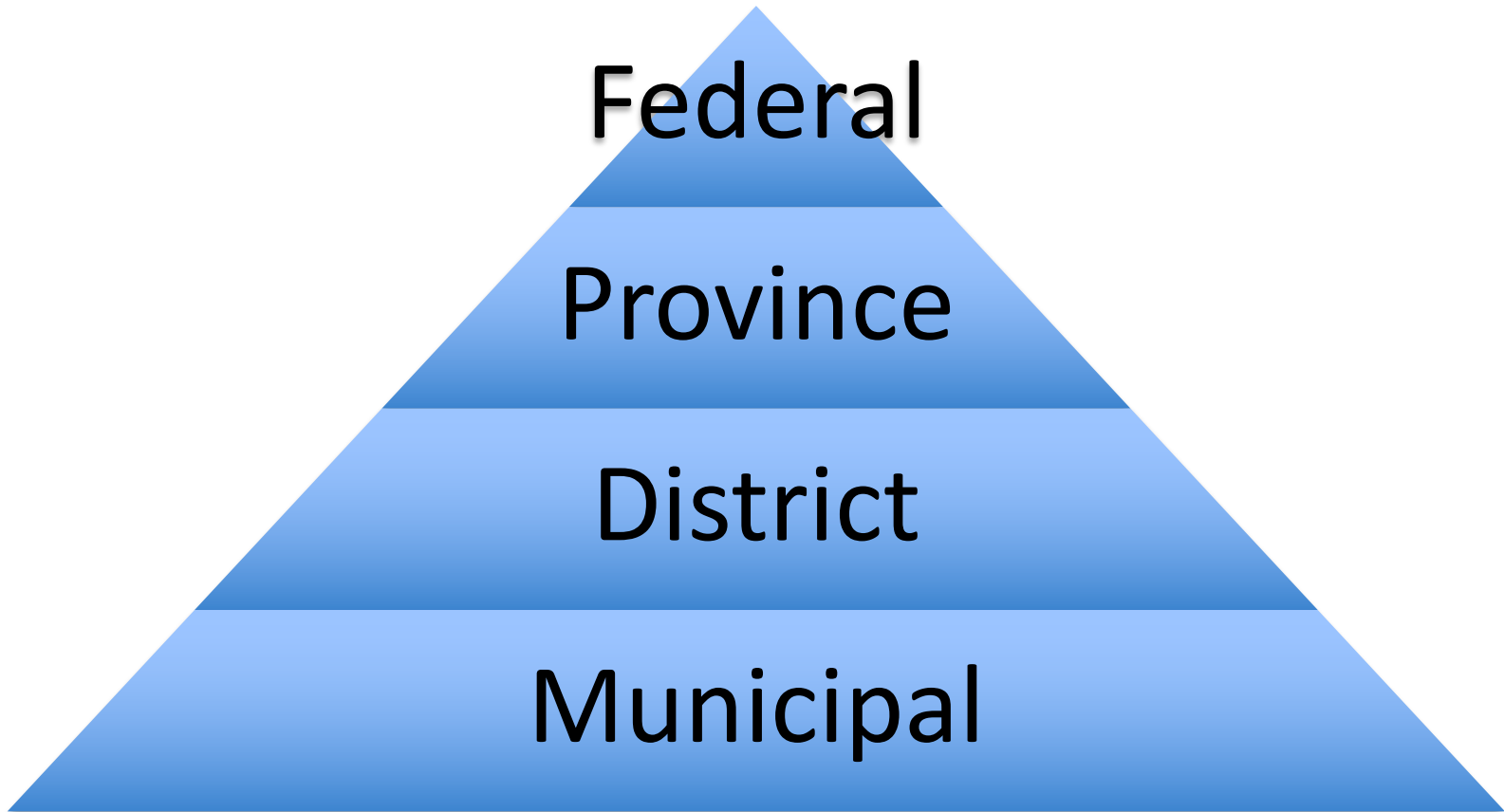


Participatory Approaches

Policy Workshops



Participatory Workshops at Multiple Levels



Research Impact

Policy Impact

Community Impact

Research Impact

Policy Impact

Policy-makers recommended further research

Policy Workshop Report

& SOCIAL
RESEARCH
COUNCIL

UKaid
from the British people

Research jointly supported by the ESRC and DFID

January 2019



Bringing together community
and policymaker perspectives
on disaster resilience

Research Team

Media Coverage



नयाँ पत्रिका

फिफा वर्ल्ड क

भूकम्पको विपद् सामना बारे डकुमेन्ट्री


नयाँ पत्रिका
 काठमाडौं, २ असार | ०१ दिन अगाडि

भूकम्पले अतिप्रभावित क्षेत्रका स्थानीयहरूले गरेको विपदको सामनाको अध्ययन गरिएको छ । विपदको सामना कसरी गरे, अब आउने विपदबाट बच्नको लागि कस्ता तयारी गरिरहेका छन्, सरकारले उनीहरूको पुनरुत्थानको लागि के गर्थो भन्ने विषयमा डा.सरिता पान्डे लगायतका सेफिल्ड युनिभर्सिटी विश्वविद्यालयका प्रध्यापक जनाथन जोसेफ, डा. जीवन कार्की लगायतको समूहले अध्ययन गरेको हो ।

वेलायतस्थित सेफिल्ड विश्वविद्यालयको सहयोगमा उनीहरूले अध्ययन सँगसँगै स्थानीयले भोगेको समस्याहरू बारे स्थानीयको युवाहरूको सकृयतामा डकुमेन्ट्री समेत निर्माण गरेका छन् । सोही डकुमेन्ट्री एक कार्यक्रमकोबीच सार्वजनिक गरिएको छ । डकुमेन्ट्रीमा भूकम्पले पारेको असर, समस्या र उनीहरूले भोगेपरेको पीडालाई समावेश गरिएको छ । भूकम्पपछि सरकार तथा सहयोगदाताहरूले दिएका सहन सिकाउने उपायहरूको बारेमा जानकारी दिइएको छ ।

विपद् प्रतिरोध तयारी कमजोर

नागरिक समाजबाट
 काठमाडौं, जेठ ११

गोरखा भूकम्पजस्तो ठूलो प्रकृतिक विपद् भेरीसक्दा पनि भूकम्प प्रभावित प्राचीन क्षेत्रमा सो खालका विपद् भएमा त्यसको सामना गर्ने तयारी कमजोर रहेको विश्लेषणले बताएका छन् ।

विपद्बाट हुने मानवीय र भौतिकलागतका क्षति घटाउने र विपद्पछिको अवस्थामा पनि शीघ्र सामान्य जीवनमा फर्काउने अवस्था बनाउन सक्ने र स्थाय तहमा पुग्ने तयारी हुनुपर्छ । युएसएड र इन्डोनेसिया युड सोसियल रिसर्च काउन्सिलको सहयोगमा सेफिल्ड विश्वविद्यालयका अनुसन्धानकर्ताहरूले भूकम्प प्रभावित गोरखा र हिमचुपान्चोकका विभिन्न दुर्ग क्षेत्रका समुदायमाथि गरेको अनुसन्धानको प्रारम्भिक निष्कर्षले यस्तो तथ्य उजागर गरेको हो ।

हिमचुपान्चोकको जुम्ल गाउँपालिकाका वडा नं ७ र बलेरी गाउँपालिकाको वडा नं २ र गोरखाको धार्पे गाउँपालिका वडा २ का बासिन्दा माथ अनुसन्धान गरिएको थियो । अनुसन्धानले विपद्पछिको पुर्ननिर्माणमा अष्ट्रेरी सरकारो प्रक्रियाका कारण पीडितहरू सामान्य जीवनमा फर्किन नसकेको समेत देखाएको छ । पुर्ननिर्माणसम्बन्धी नीतिहरू फरक मिलाए, अपसंस्थायक, युद्ध र आपाङ्कता समस्यालाई अर्को संवेदनशील रूपमा लिने र समोचन गर्नसोत नसकेको अध्ययनले देखाएको छ । राधाधानीमा विहीवर एक कार्यक्रमबीच अध्ययनका क्रममा संश्लेषण स्वामिका गुप्ता, समथर र चेवना भन्जकाउने कुविज्जालाई नीतिनिर्माण र संरोकारवालागाथ आदानप्रदान गरिएको थियो ।

अध्ययनले समुदायमा आफ्नो भूगोल र परिस्थितिअनुसार कस्ताकस्ता विपद् आउन सक्नु भन्ने ज्ञानको कमी भएको, विपद्सँगै बढी जोखिममा पर्ने महिला बालबालिकाको कसरी संरक्षण गर्ने सकिन्छ, तत्काल सुरक्षित बसोबासको तयारी के छ, एकअर्कासाथ कसरी सहायता सकिन्छ भन्ने बारेमा निर्चित व्यक्तिगत ज्ञान सीमित भएको देखाएको छ । 'त्यति ठूलो भूकम्प र विपत्ति भोगेसके पनि अब यस्तो अवस्थामा फेरि के गर्नुपर्ने रोक भन्ने ज्ञान पनि कम छ । तयारी पनि कम छ' अनुसन्धानकर्ता जयसत्यव्यवहार डा. सरिता पाण्डेले भनिन् ।

गोरखाको क्षेत्रीय माईमा बस्तीलाई तलबाट पीरोले काट्दै र माथिबाट दुई लगे पनि स्थानीयलाई त्यो जोखिम नलागिहेको उदाहरण पेश गरिन् । 'त्यहाँ विपदको बल ठूलो जोखिम छ । पुर्ननिर्माण पनि भइरहेको पनि छ तर विपदका के गर्ने भन्ने तयारी नै छैन' उनले भनिन् । उनका अनुसार कुनै पनि विपद्मा



सबैभन्दा पहिला स्थानीय समुदायले नै त्यसको प्रतिकारमा तालिम दिएर विकास गर्नुपर्ने भन्ने अधिकार अवस्थामा अनुसन्धान सहयोग पुऱ्याउन पनि सम्भव नहुने बताइन् ।

विश्वभन्दा अझैसम्म विपद्का अवस्थामा जोखिमबाट बच्न पुग्ने सुचना प्रणाली, तत्काल मानवीय सहायताका विकल्प, सामुदायिक सेक्टर चाँडै । त्यसपछि बालबालिकाका लागि खोर, दीर्घ रोगीका लागि अत्यावश्यक औषधि, सुक्ती, गर्भवतितालाई सहायता, आम क्षति हुँदा अपाङ्गता उपचारको प्रबन्ध समुदायले उपलब्ध हुनुपर्छ । 'हामीले यति ठूलो विपद् भोग्दा पनि कुनै सुरा सिकेका छौं कि भन्ने देखिन्छ' डा.पाण्डेले भनिन्, 'पछिभन्दा गर्ने सक्ने समुदाय तहबाटै हुनुपर्छ नसक्ने सुरा सकाराको नै तयारी गर्नुपर्छ' ।

हाल भूकम्पपछिको पुर्ननिर्माणका क्रममा पनि सुरक्षित संरचना बनाउने सुरामा समेत बेलाको कमी रहेको र पुर्ननिर्माण अभावले पनि भूकम्पपछिको छिटो र सहज व्यवस्थापनका सरकार संवेदनशीलता पनि कमी भएको पाण्डेको अर्का अनुसन्धानकर्ता डा. जीवन कार्कीले बताए । एक वर्ष लामो

अनुसन्धानका क्रममा समुदायका मासिसलाई तालिम दिएर विडियोमार्फत् स्थानीयका समस्याको संकलन गरिएको थियो । स्थानीयले संकलन गरेका समस्यालाई डकुमेन्ट्रीका रूपमा विभिन्न संरोकारवालाबीच प्रस्तुत गर्दै छलफल र अनवरततामार्फत् सुचना संकलन गरिएको थियो ।

कार्यक्रम बोल्दै राष्ट्रिय पुर्ननिर्माण प्राधिकरणको अधिकृत विन्दु बज्राचार्यले हाम्रा दुई-दुई घटा मोवाइल बोकेर हिँडेने मान्छे आइए भनेर बनाउन सरकारको मुल्य तथैबर बाँसरेको आरोप लगाइन् । 'पर बनाउनका लागि त रजमले सहूलियत मात्रै दिने हो बनाउने त आइ हो,' बज्राचार्यले भनिन्, 'वेपलासा पर बनाउन नसक्ने को छ ?'

राष्ट्रिय स्वास्थ्य शिक्षा सुचना तथा सम्चार केन्द्रका सम्चार अधिकृत कुञ्ज जोशीले विपद्का अवस्थामा कसरी काम गर्ने भन्ने कानुन छैन पनि त्यसको तयारी गर्ने कामको रहेको बताए । 'युन समुदायमा विपद् आइसकै त्यो समुदाय एकलेले भोग्नुपर्ने अवस्था छ' उनले भने, 'विपद्लाई रस्तो नभै राष्ट्रिय सिस्टम, स्वास्थ्य प्रणाली नै बलियो चाहिएछ ।'



Community Impact

Some community members directly benefitted



Community Impact

- Benefit to local organisation PHASE Nepal
- Ongoing Follow-up Research



Research Impact

Multiple research output

Participatory Video Making: Experiences from Nepal

11.07.18



Research Impact

Participatory Videos <https://www.youtube.com/playlist?list=PLW-W5bj0rOo7fsTsxCG12icHFOwbIGQBZ>

Workshop report published available at https://www.sheffield.ac.uk/polopoly_fs/1.828544!/file/NepalreportFINAL.pdf



Picture: Resilience Policy Making in Nepal: Giving Voice to Communities' Report launch (Photo Credit: Dr Anna Brown)

Further Research Impact

Awarded with Global Challenge Pump-primi award

Attending the UN Global Platform for Disaster Reduction
in Geneva

Selected for a Global Challenge Fund Fellowship in the UK

Upcoming Research

Equity and inclusion in maternal and child healthcare: from policy to action in a participatory co-designed research project on access to health among women from marginalised populations in rural Nepal

Conclusion

- If we want our research to have an impact on the most vulnerable groups, then we must work with the local communities. And there is no short cut to this. Using multiple community-based participatory approaches might be helpful.
- Community health workers, like female community health volunteers, can be useful to reach women in rural Nepal, but it is highly unlikely that the volunteers can function without adequate support systems. Therefore, we must ensure that they are supported well to address the healthcare needs of the marginalised communities in developing countries.

My publications

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- **Panday, S.**, Bissell, P., van Teijlingen, E., and Simkhada, P. 2017. Perceived barriers to accessing female community health volunteers' services amongst ethnic minority women in Nepal: a qualitative study. *PLOS One*. (Accepted).
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- Pilkington G, **Panday S**, Khatib MN, Kotas E, Hill RA, Simkhada P, Jones L, (2017), *The effectiveness of community engagement and participation approaches in low and middle income countries: a review of systematic reviews with particular reference to the countries of South Asia*. London: EPPI Centre, Social Science Research Unit, Institute of Education, University of London.
- Khatib MN, **Panday S**, Simkhada P, Hill R, Pilkington G, Jones L (2017) *The effectiveness of community engagement and participation approaches in low and middle income countries: contextualisation of review findings to South Asia and Nepal*. London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London.

Other References Available on Request

Thank you



Any Questions/Comments



15.03.2018