

Factors that promote or hinder maternal health service provision by female community health volunteers in rural Nepal

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Introduction

Nepal reduced its maternal mortality substantially and achieved the millennium development goal despite its poor developmental status. One group that has possibly contributed to this reduction are the Female Community Health Volunteers (FCHVs) who are widely mobilised in the provision of maternal health services by government and non-governmental organizations, but their voices are seldom heard. This study examines the factors that promote or hinder the volunteers to provide maternal health services from the perspectives of service users, local health workers and volunteers themselves.

Materials and methods

Between May and September 2014:

- Semi-structured interviews were conducted with 20 FCHVs, 26 local women and 11 local health workers.
- Four focus group discussions were held with 19 FCHVs.
- Field notes were taken.

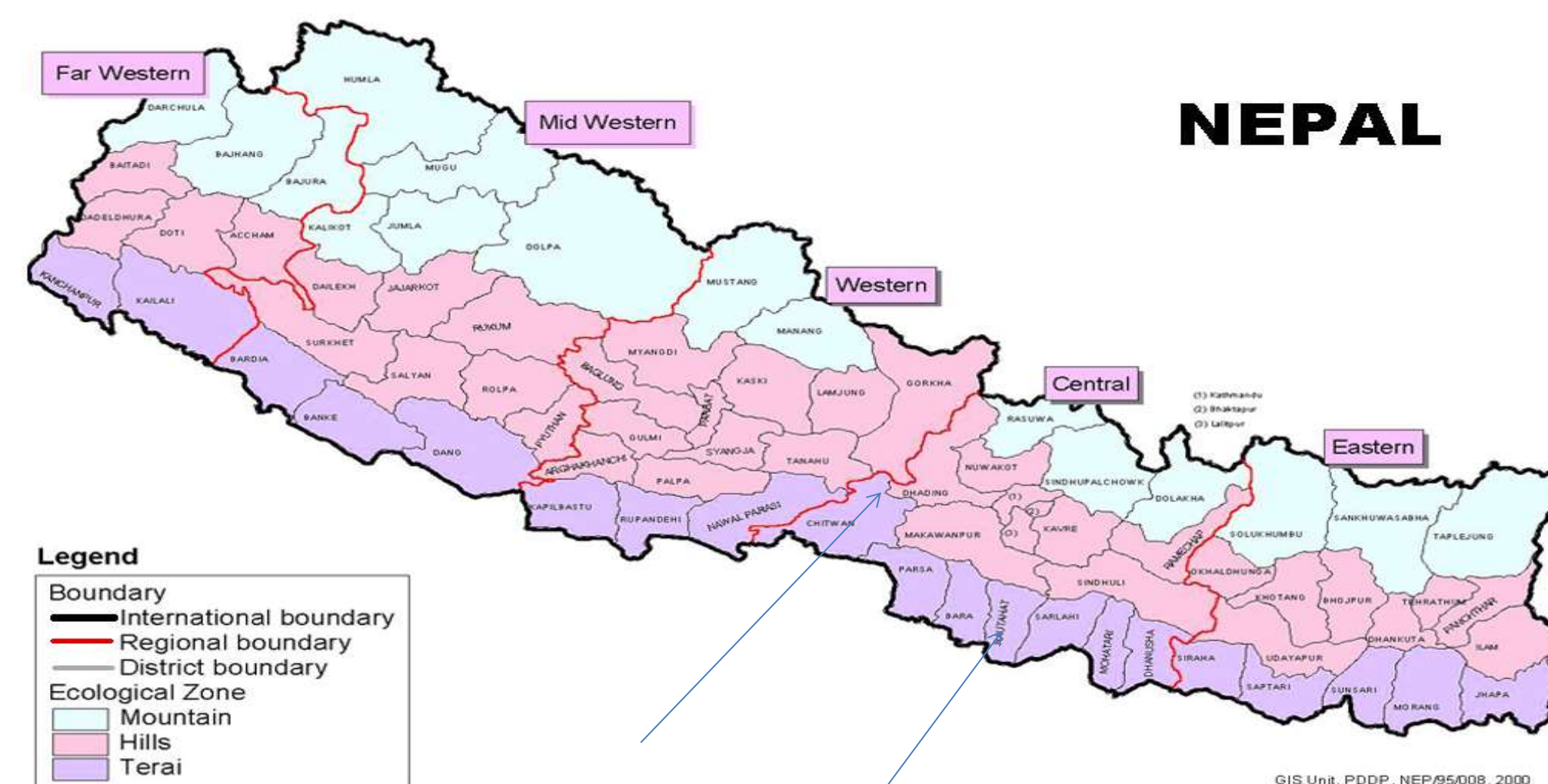


Figure 1 Study sites

(indicated by arrows)

Source: e-Pop Info Nepal (<http://www.eawpbmohp.gov.np/epop/index.php/national>)



Findings

Promoting factors

- Self recognition of importance their role
- Perceived self empowerment
- Training or learning opportunity for volunteers
- Meets the FCHVs' desire for employment
- Available support of family and friends

Community recognition due to:

- Medicine distribution
- Recognition of volunteers' contribution by health workers and service users
- Tangible supports (uniform, FCHV day celebration)

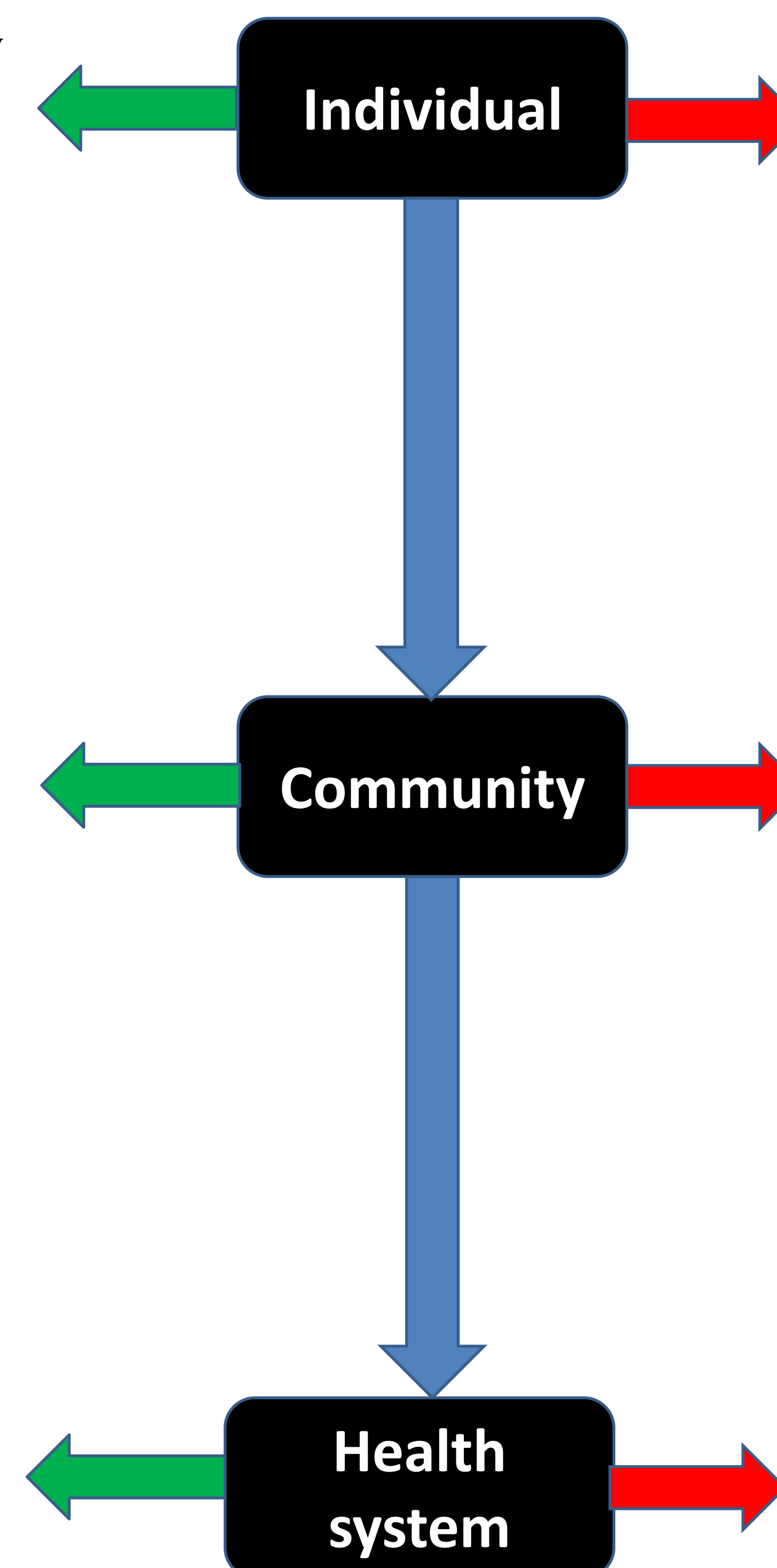
- Access to medicinal and equipment supplies
- Provision of regular training

Hindering factors

- Financial concerns (for travel, snacks and telephone/mobile)
- Non-financial concerns (shoes, umbrellas, torchlights, raincoats and bicycles)
- Low-literacy or illiteracy (problems in reporting and educating women)
- Older age volunteers not willing to give up their volunteering roles

- Misconception of volunteers as paid health workers
- Community's perception of volunteers as providers of unnecessary medicine

- Lack of medical supplies including iron tablets
- Inadequate training and supervision
- Lack of respect for volunteers by paid health workers
- Poor links between health workers and NGOs



Recommendations



In order to make best use of FCHVs, we need to understand what drives FCHVs, and what creates the barriers in their daily practices. This is important specially if Nepal hopes to engage its FCHVs in new health projects and interventions.

Conclusions

Efforts should be focused on recognising the aspects that make the role of FCHVs satisfying and reducing the hindrances so as to enable them to fulfil their role more effectively.

References

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