**ABSTRACT**

Objective: The purpose of this study, as a part of a larger study, was to understand the perceptions and acceptability of Female Community Health Volunteers (FCHVs) by mothers in Nepal and how this influenced their acceptance, access to health services, antenatal care (ANC), and access to iron and folic acid (IFA) supplements during pregnancy.

Methods: Twelve districts were selected to represent Nepal’s diverse ecological-zones. One focus group discussion (FGD) with 6-10 mothers was conducted in each district (n=96) in Nepal, transcribed verbatim, then translated into English. Coding conducted in Atlas.ti identified mothers’ perspectives of FCHVs, descriptive context, barriers and enablers for accessing ANC and IFA.

Results: Mothers suggested that FCHVs are highly valued for their roles in providing IFA during pregnancy, referrals to ANC, and advice. Remote areas with least access to healthcare expressed greatest appreciation of FCHVs’ role in providing treatment and counseling for all conditions, especially maternal-child health. In some peri-urban areas, FCHVs were perceived as having low-literacy and preference was for facility-based service and health professionals.

Conclusion: Mothers in Nepal perceive FCHVs as integral for providing access and counseling for IFA and referral to ANC; however, with an emerging preference for higher trained professionals in some regions, minimum education standards and trainings for FCHVs may help maintain the relevance of program going forward.

**BACKGROUND**

- Through the Iron Intensification Project (IIP) from 2003-2012, Nepal was able to increase both the coverage and compliance of iron and folic acid (IFA) in pregnant and post-partum women through an integrated community based delivery platform.
- The IIP also had additional benefits beyond the immediate health outcomes in women and children. It helped enhance the role of more than 50,000 FCHVs in addressing vital public health problems and has led to increased respect, status and recognition of these women within their communities.

**OBJECTIVES**

- The purpose of this study, as a part of a larger study, was to understand the perceptions and acceptability of FCHVs by mothers in Nepal and how this influenced their acceptance and access to health services, antenatal care (ANC), and access to IFA during pregnancy.

**METHODS**

- 12 districts were purposively selected to represent Nepal’s diverse ecological-zones (Mountain, Hills and Terai) and exposure to the intervention. (Figure 1)
- Focus group discussions (FGDs) with 6-10 mothers were conducted in each district (n=96).
- FGDs were conducted in Nepali, transcribed verbatim, then translated into English.
- Coding was done in Atlas.ti and a triadic influence approach was used to identify themes and concepts relating to internal, external and relational enablers and barriers to IFA coverage and consumption for pregnant women.
- Mothers’ perspectives of FCHVs in delivery and counseling on IFA and health issues, descriptive context, and barriers and enablers for accessing ANC and IFA were also identified.

**BARRIERS & ENABLERS INFLUENCING PREGNANT WOMEN’S IFA EXPERIENCE**

INTERNAL
- Commitment of FCHVs to the IFA intervention
- Empowerment of women
- Knowledge & Education
- Experience During Pregnancy

EXTERNAL
- Access to Health Care System
- Access to Knowledge & Communication
- Pre-existing Governmental Norms & Practices
- Access to Resources
- Community Mobilization

RELATIONAL
- Relationship with ICHVs
- FCHVs Role in Providing Advice & Counseling

**RESULTS**

The analysis of the mothers’ FGDs from the study revealed the following:
- FCHVs are mostly seen as trusted and respected members of the community, enabling pregnant women to access IFA and providing the much necessary referral to antenatal care on time.
- “FCHV visits around the village in order to educate people about iron tablets, their doses and when to take them because women usually don’t know about it. Moreover, she often teaches about measures to take good care of infant, taking them to health posts and things like that. And also she advises women to visit health post.”
- The mothers attributed increased access of health care facilities, knowledge and awareness of the health interventions to the FCHVs and their service delivery.
- “The FCHVs offer a diverse set of services from providing advice and counseling to treatment. They visit around the community to inform women, mothers of small children and their families about various health interventions and vaccination programs and they also generate awareness about new health interventions in the village.”
- Virtually almost all mothers agreed that FCHVs provide a very vital connection between rural communities and healthcare facilities thus helping to shrink the existing barriers to access.
- “She gives us lots of awareness now. Before she was there many children used to die of diarrhea. Many would die of malnutrition and pneumonia. Many pregnant women would die of unknown reasons. If they were not there then the community would not like this it is now. They should be accredited to declining child and mother mortality rate.”
- Regarding their perceptions on the future roles and directions for FCHVs, most of the mothers said that they would like for the FCHVs to be more skilled in ANC, better educated and regularly updated on the current heath education trainings, etc.
- “They should do delivery at home as many of people have found it uneasy to deliver at hospital. FCHVs should be experienced, literate, and skilled; they should know the right job at right place at right time. They should be literate enough to serve the people of their community.”

**CONCLUSIONS**

Mothers in Nepal perceive FCHVs as integral for providing access and counseling for IFA and referral to ANC.

With an emerging preference for higher trained professionals in some regions, minimum education standards and trainings for FCHVs may help maintain the relevance of program going forward.

In order to continue empowering FCHVs, it is essential to provide them with the tools that they need, including refresher trainings, education and timely access to supplies, along with continued motivation and recognition for their work.

**ACKNOWLEDGEMENTS**

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