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Original Article

Contribution of female community health volunteers on the utilization of ANC and PNC by mothers in two districts of Nepal: a Qualitative study

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ABSTRACT

Background and Objectives: A group that has been credited behind the reduction in child and maternal mortality through programs like immunization, integrated management of childhood illnesses, family planning, and preparing pregnant women for delivery are known as Female Community Health Volunteers (FCHV). FCHVs' roles have gradually expanded beyond family planning programs and especially are focused on maternal and child health services at a large scale. FCHV is often spoken about or spoken for, but there is little evidence of FCHV's own characterization of their practice. so, this study is designed to explores the roles, practices and experiences of FCHVs in the utilisation of Antenatal care (ANC) and Postnatal Care (PNC) services in two contexts; rural and urban Nepal.

Materials and Methods: This is a qualitative study carried out in two districts (one urban and the next rural) viz. Kathmandu and Terathum. Questionnaires leading to in-depth interviews were carried out with 28 FCHVs and 15 service users and Key- Informant Interview with the 8 health facility staff and 15 service users who were purposely selected Data were analyzed using thematic analysis.

Results: The study found out that the FCHVs have been involved rigorously on screening and counseling pregnant women on nutritious foods, counseling family about the birth preparedness, institutional delivery, ANC and PNC services provided at the health facility in rural Nepal. While in urban Nepal, the referrals on ANC existed only in those places which were outside the ringroad. The PNC services were not that used by the mothers in rural Nepal while the PNC referrals were not made by urban FCHVs as the maternity hospital itself called for a follow-up. The motivating factors for FCHVs were self-identity, social responsibility and social recognition and status that kept them in doing voluntary workers over the years.

Conclusion: FCHVs have been contributing a lot of their time and effort to every possible way to make the women of their community survive while being pregnant or after delivery. This study also underlines some of the differences in the real picture of their roles in urban and rural Nepal.

Keywords- ANC, CHVs, CHWs, FCHVs, PNC

INTRODUCTION

A group that has been credited behind the reduction in child and maternal mortality through programs like immunization, integrated management of childhood illnesses, family planning, and preparing pregnant women for delivery are known as Female Community Health Volunteers (FCHV) [1]. FCHVs' roles have gradually expanded beyond family planning programs and are especially focused on maternal and child health services at a large scale [2]. FCHV is often spoken about or spoken for, but there is little evidence of FCHV's own characterization of their practice. So, this study is designed to explores the roles, practices and experiences of FCHVs in the utilization of Antenatal care (ANC) and Postnatal Care (PNC) service in two contexts; rural and urban Nepal.

The government of Nepal (GoN) recommends focused antenatal visits at the fourth, sixth, eighth, and ninth months of pregnancy [3]. In Nepal, ANC services are provided as a component of primary healthcare services for pregnant women. ANC services are available from all public health facilities in Nepal including from community-level primary healthcare outreach clinics (PHC-ORC). Similarly, female community health volunteers (FCHVs) carry-out awareness-raising activities and iron, and folic acid distribution at the community level [4]. In recent years, Nepal has implemented a variety of programs to improve access to and quality of PNC in the country. While these programs have been implemented by a variety of agencies, most have been run in partnership with the Government of Nepal and have relied heavily on Female Community Health Volunteers (FCHVs) and other cadres of community health workers [5]. There is evidence that FCHVs and stakeholders have inconsistent knowledge of FCHV status and program benefits. The survey shows a need for clearer information on standard benefits, and for improved community awareness that FCHVs are volunteers, and not government employees [3]. Much of the documentation on FCHV program implementation and effectiveness has focused on rural settings.

Both Rural and Urban FCHVs have been motivating family members to support pregnant and postpartum mothers to attend ANC and PNC services provided by health facilities and outreach clinics. The most common advice given by FCHVS focused on the antenatal care, tetanus injections, taking iron tablets, and eating nutritious food during pregnancy [3]. But the study that shows the contribution of FCHVs in improving the ANC and PNC services provided by health facilities and outreach clinics has not been done. There is little knowledge on the extent to how FCHVs have felt throughout the years while volunteering in the community. Thus this research is planned to find out the practices of FCHV on the utilization of ANC and PNC services in urban and rural contexts.

a) To find out the perception of mothers and related health personnel about the role of FCHVs on ANC and PNC services in both urban and rural context.

b) To find out the factor influencing their roles as FCHV and their accessibility to infrastructures.

MATERIAL AND METHODS

This qualitative study was carried out in between 2019 February to March 2020 which explores the roles, practices and experiences of FCHVs in the utilization of Antenatal care (ANC) and Postnatal Care (PNC) services in two contexts; rural and urban Nepal viz. Terhathum and Kathmandu district respectively. The community from Terhathum was selected because the district has recently declared two of the municipalities as zero unsafe abortion area successfully with the active involvement of FCHVs. This implies that the participation of FCHVs in Terhathum district were active in maternal health programmes.

Wards from Kathmandu Metropolitan City and Tarkeshswor Municipality were selected because the district has relatively easy access to healthcare services while comprising a dense population. Another reason to choose Kathmandu was to explore the existence of the FCHVs in the community as the urban area had relatively more facilities in terms of resources and settings to both the service provider and service users. Given this difference, these districts were selected as the study site.

Data saturation technique was used to determine to develop a robust and valid understanding of the study phenomenon. It was applied when there was enough information to replicate the study and when the ability to obtain additional new information was attained, and when further coding was no longer feasible. The in-depth interviews were conducted with 28 FCHVs and 15 service users whereas key informant interviews were conducted with the 8 health facility staff. Data were analyzed using thematic analysis.

Personal narratives were the main source of information, but field observation and personal experience were also used to analyze the findings of the research.

RESULTS

Socio-demographic characteristics of FCHV

Data collected in the study were from in-depth interviews with 28 FCHVs and 15 service users and Key- Informant Interviews with the 8 health facility staff and 15 service users. The sample of FCHVs comprised 54 % (15) and 46% (13), respectively, of Terhathum and Kathmandu district respectively.

The average age of FCHVs was 48 years, with only 3.57 % aged below 25 years. Out of the 28 FCHVs taken for the study, 7.14% of FCHVs were reported to be in the age group of 25-39 years, 64.29% in the age of 40-54 years, and 17.86% in the age of 50-59 years followed by 37.14% above the age of 60 years. The classification of age group into these categories is adapted from the National FCHV survey report 2014 [3].

Out of the total FCHVs surveyed 35.71% had not attended school for education but had attended adult education meaning they could read and write Nepali. Likewise, 55.56% were reported to have attended 6th to 10th grade in school and 33.33 % had completed SLC followed by 11.11% to have completed intermediate level.

Literacy was calculated as per the Demographic and Health Survey definition; FCHVs were labeled as literate if they had an

education level of sixth grade and above, or if those with less than that level of schooling could fully or partially read a sentence from a card [6].

Length of service: In the context of rural Nepal, the average length of service among 15 FCHVs provided was 17 years while in the case of urban context, the average length of service among 13 FCHVs was found to be 15 years.

The overall findings of the study are summarized in the following headings.

FCHVs as service providers:

When asked about the basic activities in a rural setting, out of 15 FCHVs from Terhathum, 3 of them commented;

"We are helpers who have many roles and responsibilities towards community; we are like a bridge between health posts and people. I visit pregnant women, and children below 5 years of age, distribute family planning tools and conduct HMG meetings." –Chathar-3, Terhathum

"I *do many things as FCHV in my community. I Conduct HMG meetings to share health-related information like mother's nutrition, child's nutrition, pregnancy complication, Pregnancy checkup etc. Also, I distribute family planning tools which I carry in my bag while visiting households. My main work is to keep an the eye on health of the communitypeople. Reporting to health post is another compulsory work here." -Fedap-1, Terhathum*

"There's no such a fix work for FCHV, sometimes we run for programs like Vitamin sometimes we conduct awareness programmes. We participate in almost every community-related health programmes we have in our village."- Menchayam-1, Terhathum

Eighty six percent FCHVs from Terhathum also informed about the recently held national campaigns measles and rubella vaccination campaign in their community. Majority of FCHV (80%) reported that there are many works for FCHV in comparison to previous years. Additional work of reporting health facilities about the data regarding the number of pregnant women, children below 5 years of age and children below 2 years of age. On the discussion with one of the service user from the community commented:

"*FCHVs are one of those who have changed many lives of sisters in our village. They give much valuable information to us whenever in need like pregnancy, delivery immunization etc. The first person to contact whenever anyone is pregnant is FCHV sister"- –Chathar-4, Terhathum*

The importance of FCHVs as service providers was also highlighted by the health facility staff. Out of the 5 interviewed staff in Terhathum, one of the health facilities who were AHW in the health facility commented:

There are lots of benefits of having FCHVs in the community, especially in the hilly districts where transportation is a major issue. Being able to treat at home by FCHVs reduces the pressure on the health post workload, only those serious cases are referred to the health post. Minor fever and headaches are given paracetamol which can be dispensed by them with the proper instruction on the dosage"- Fedap-1, Terhathum

Out of 4 in-depth interviews with the supervisor of FCHVs at Urban Health Clinic all of the health facility staff reported that

training and supervision are mostly focused on immunization, Vitamin A campaign, health desk at different corners of city, flow information of ANC checkup and delivery at Government hospitals. While 77% FCHVs from the Urban area reported Vitamin campaigns, monthly meetings, immunization and referral to health centres as their basic activities. Two of the 13 FCHV from urban areas commented;

I go to nearby households and counsel women about the ANC checkups and child's nutrition. I run a small mill of spices, I also make 'Lito' fromwheat, rice, maize, soyabean and black gram and provide to mothers in my community. I once had taken training nutrition which had also helped on my business also."- Manamaiju-6, Kathmandu

"Comparing to the previous year, now there are people who do not show interest to hear from us. With the use of Television, Radio, and Facebook, they are aware and the things we say are not any new information to them. Still, I try to make them listen twice as it is not harmful to hear it twice, for example about checkups, Thapathali Maternity hospital for delivery, Vitamin A programme"- Dillibazar, Kathmandu

Referrals on ANC:

The followings are the statement quoted when 15 FCHVs were asked about the ANC checkups, out of which 3 FCHVs commented;

"We work hard to identify all pregnant women in my village, try to motivate them to complete all ANC and delivery in the hospital"- Menchayam-5, Terhathum

The next responded: "*Whenever there is new pregnant mother, I visit them and tell about the 4 times checkup at the Health Post, Iron tablets, TT injection and about mother's nutrition. I tell them, about the incentives that they get for checkups. It is very necessary to make village people know about money offers, this will motivate them more. I myself didn't know about ANC,PNC. I gave birth to my child at home without any care. After I became FCHV, thrilled by remembering those days by relating to the information I got from health post and training."* -Fedap-1, Terhathum

Similarly the respondent from Terathum share her experience as: "I *came to know about 4 months pregnant woman from a woman in my community. I went to see her and asked about check-ups and iron tablets but she said she had not done any because of her mother-in-law. Mother-in-law didn't allow her to go to health post for check-ups. Then I talked with her mother-in-law, it took me almost one hour to convince* her *and other family members. Then I myself took her to the health post."-Athrai-1*, Terathum

In one rural municipality, it was reported that there are very less people who do not want to go for ANC after hearing the incentives from Government. Relating to this, FCHV commented;

"In previous years, mothers didn't want to go for ANC checkups. But this is not the situation *now. In our ward, when a pregnant woman attends an ANC checkup, they also get* one *packet of salt on every visit along with the incentives, however, one-time counselling is necessary"-Myanglung-5, Terhathum*

When asked about the perception on ANC checkups on in-depth interviews among the 9 mothers in the rural community, followings are the statements

"*ANC services are very helpful to know my health status during pregnancy as well as the child growing inside me. I didn't go for ANC during my first pregnancy. I didn't know much about its benefits. Now I am going regularly for follow up according to health facilities call."- Athrai-4, Terhathum*

"It feels so good when you go for a checkup and to know the growth of the child. When I was pregnant, I used to be so nervous, and anxious thinking about what might be happening inside my body. Every time I returned from health post after the checkup, I used to feel relieved."- Athrai-1, Terhathum

"This checkup has helped me and my husband to know about the Iron tablets that I should get during pregnancy. My husband is more concerned about my checkups and we came together."-Fedap-1, Terhathum

In our discussion with health facility staff, it was stated that, "*FCHVs as a preventer, particularly in remote villages, supports the health system in the* identification *and delivery of services for pregnant mothers and children during outreach* programmes *such as immunization, household visits and discussion with the members* who *are most likely to be a mother in laws from monthly HMG meetings- Athrai-1, Terathum*

"We have poor transportation facility in our area and sometimes it may take about 3 hours *to reach on foot. FCHV keeps health records of the village and submit every month in the health post; it saves time for our team in the identification of pregnant women, children and sick people. And most of the times, mothers come on their own for ANC* checkup *as a result of counselling"* –Fedap-4, Terathum

When discussing with the FCHVs from urban areas, 2 of FCHVs reported about conducting counseling on maternal health to the expectant mother. These were identified at those health facilities which were far from the ring road. One of the FCHV commented;

"There are *still many daughter in laws who are reluctant to share about pregnancy with* family *members, I visit their households and give them a book which contains maternal* health *information. They read the book and return to me after few days."- Manamaiju-6,* Kathmandu

On further discussion with the service user of the same FCHV from health facilities far from ringroad in Kathmandu, service user commented;

"If I had not gone for checkup at health facility when I was 4 months pregnant, would not have known about my Diabetes. Then I visited Paropakar Maternity Women's Hospital at Thapathali. I got my diet plan prescribed by the doctor and ate accordingly. Isafely delivered my child and my Diabetes is gone. My doctor has advised me to continue maintaining my weight" -Manamaiju, Kathmandu

FCHV also reported as there is no birthing centre in the nearby health post; they had to refer them to go to Thapathali Maternity Hospital. They even demanded of having birthing facility in that health post. Now many women go for ANC checkup for three times in the health post. And they further go to other hospitals or Thapathali for delivery and PNC.

When I visited urban health clinics of Jayabageshswori, Gaushaala, Dillibazar there were hardly 2-3 patients visiting the clinic. Almost every clinic is limited to four walls at the building of ward office. On further

discussion with the AHW posted in all the clinics who was also the supervisor of the FCHVs, it was found that the FCHVs were only involved in immunization, vitamin distribution and some national campaigns like Measles and Rubella and awareness programmes about the hand washing techniques and the distribution of sanitizer and masks to the people during the recent outbreak of COVID-19.Also 75% of the health facility staff reported that only few FCHVs show active participation these days.

"We *at UHC, have the facility of pregnancy checkup and ANC, but mothers do not show up in clinic, there might be two reasons for this; we do not have proper infrastructure and also many of them do not know about existence of UHC.*" –Jayabageshswori, Kathmandu

Referrals on PNC:

Reflecting on the challenges experienced by FCHVs in linking mothers to health centres for institutional delivery both FCHVS and health service providers informed that mothers do not come for PNC until and unless complication arises to them due to poor transportation facilities. Out of 5 health facility staff, one commented;

"Generally FCHVS visit to the households of postpartum mothers at the 3rd, 5th and 7thday after delivery to check on the mother. If there is any complication, they give us a call if they have any doubt on handling the situation. And also they report to health facilities regarding the condition of the postpartum mothers monthly." –Fedap-1, Terhathum

There were also some practices in the community of meeting postpartum mother with members of HMG and asking about the condition of mother and child. Out of 15 FCHVs interviewed, two FCHV commented:

"Our HMG members go and visit new mother in her household with Rice and Ghee. I advise mothers to breastfeed their child exclusively, as it contains important components which helps child to fight against disease"- Chathar-3, Terhathum

Others comments were "There is vast difference on condition of mothers back then and now. In my community there are man cases of uterine prolapse in old aged women; this is probably the result of lack of maternal education, ANC, PNC, at those times"- Athrai1, Terathum

"Whenever there's a postpartum mother in my ward, I go for a household visit on the 3rdand 5th day to check the health condition of both mother and child. If there's any complication, I refer them to the health post for a check-up. On the 7th day, I usually give them a call to ask for ask for their condition." – Fedap-4, Terhathum

Eighty percent of the FCHVs were having a hard time to convince mothers to go for PNC checkup despite their counseling on complications that may arise during postpartum period. One of the FCHV commented;

"*I tell mothers to go for PNC, but they do not listen to me. They will be ready to go to hospital if their child gets sick that too by hiring partners, but they do not take mother for PNC after delivery. It is very hard to convince people to go for PNC in my village. Due to lack of education of maternal health and cares, still many women suffer in my community.*

For example: One old aged sister in my community had uterine prolapse. Whenever

she carries heavy load, her uterine comes down, when she told me about this, I referred her to the district Hospital. –Menchayam-4, Terhathum.

While interacting about the PNC practices by the service users, 78% of the mothers in Terhathum cited the problem of transportation in their village and the distance from their house to the health facility. Almost all of them had institutional delivery and had checkup on the 3rd days of delivery. They said they could not afford to stay more days at the health facility more than 3 days. Two of the service user commented:

If I went to health post for PNC, I will be spending a lot of money. We cannot always afford to hire a reserve vehicle which is really expensive for farmers like us. So what are we going to do at the end of the day, it is a lot easier to call and ask FCHVs regarding my health than visiting health facility. -Athrai-1, Terathum

"I wish we had an ambulance service in our community, every woman would go for ANC and PNC very happily."- Athrai-4, Terhathum

All the FCHVs working in urban area further cited on not having to flow information about PNC in their community. As all the deliveries take place in the hospital, they visit and follow up according to what they are told at the hospital.

Availability of Resources

Training: Every single FCHVs interviewed in rural area had received 18 days training during the initial phase of being FCHV. It was revealed that recently there was training on safe abortion and also two rural municipality of Terhathum District declared their area free of unsafe abortion." 77% of the urban FCHVs said that they had received training in the initial phase of their service which was 9 day training and no refresher trainings were provided. A few said that trainings they received were effective, but revision trainings are required. Furthermore, 62% said that trainings are necessary as they have poor orientation to various national programs. One of the FCHV commented; "*"I sometimes feel guilty of not knowing new things, new health issue, we have been doing from our self-studies through internet, Facebook. It would be better if we were also provided new trainings, refresher training"- Mitrapark, Kathmandu*

Infrastructure: Most of the FCHVs (12, 80%) were happy with the new buildings of health post with birthing centres at the rural setting. But in case of Urban FCHVs (69%) 9 of them reported that due to the very conjusted and small area of health centre and also due to lack of facilities people do not tend to visit such urban health centres available in the community. One of the FCHV commented:

"If I were a patient, I would go to urban health centre if all the proper facilities were available like diabetes, hypertension easily. There would be denial in spending lots of money in the Private hospitals and clinics. Who loves spending money if proper care is given at the Government health facilities? There's not even a proper place to sit at UHC for patients" – Jayabageshwori, Kathmandu

Motivating factors

Self-identity: When asked about what motivates them to work as FCHV it was stated of the followings; *"I was on the field with cows when one of the recognized and active leader of mycommunity asked me whether I was interested on being FCHV or not. Out of*

curiosity Iasked the roles and responsibilities of FCHV and finally I agreed on being FCHV thinking I could be leader of my community. If I had not been FCHV, I would be still on me"– Myanglung-5,Terhathumfields grazing cows and no one would know Now the biggest achievement is that we are serving people, we are recognized whetherwe earn more or less. But we are doing something very fruitful and that makes me feel–Menchayam-1, Terhathum good about myself.

*"I am proud to be a volunteer serving for community. It feels good when people seek for*help *in health related information. Even today whether it is in my area or in Ward I am*recognized *by active volunteer."*-Mitrapark, Kathmandu

Social responsibility: On further discussion with the FCHVS on how do they feel about providing services, FCHVs related with their experiences in their community. *There was one woman who delivered child at home. Her family members had shut the front door not to make noise about delivery. They thought if FCHV knows about this, she would take her to hospital which is not good. Anyhow I came to know about this and* towards *her house. When I reached there, mother's blood pressure was very low, with* excessive *bleeding, she was about to faint. I gave her Jeevanjal and called health post* staff*. That was the 5th child of her. Thank God, she survived. I would have regretted of* being *FCHV if I had not been there on time. I should be there when anyone needs me."Athrai-1, Terhathum*

"I got an emergency call one night saying one sister from another village had delivered her child along with placenta attached with the baby, they could not figure out and asked for help. I rushed without thinking anything."

"*There is monthly meeting of mothers group; we share what's happening in society. Like currently because of CoVid-19, I haven't stayed home for long whereas I have beenproviding pamphlets/ awareness through household about CoVid-19 I should make my community aware of this disease, its my responsibility towards my community"- Mitrapark, Kathmandu*

"If we work in a company they make us work for their own interest that means we get money for the work that they make us do. But being volunteer, we help to make community healthy. This motivates me a lot to work because when we help someone in the community to get well; it makes lot of difference in saving many lives."-Fedap-1, Terhathum

Personal experience during pregnancy and postnatal period:

While discussing their experiences as community health workers, FCHVs made repeated references to their own experience of pregnancy or as a young mother as follows;

"I gave birth to my daughter at 15 years of age, I used to get hungry and wanted to eatpumpkins, potatoes, meat etc. whatever was available. My in-laws used to treat me like animal during those times. I wish FCHV programme should have started earlier during my *time. And now at HMG meeting, I meet many pregnant and also mothers at postnatal period. I pray and wish no one gets treated badly at the very sensitive period of life. I convince them about taking ANC and PNC to make them realize that maternal health is the most important asset that any woman can have."*–Myanglung-5, Terathum

"I didn't know that much about postpartum care. I delivered my second child 7 days prior to basic training for FCHV; I left my 7 days old child and went for the basic training which was 3 hours walk from my house. Now I get goose bumps while remembering those days"- chathar-3, Terathum

Social recognition and status: After getting the social recognition, all FCHVs reported to have felt motivated. A FCHV commented;

"Villagers look up to me for my opinion regarding their problems. People consider my opinion would be very useful to them, because they think we have knowledge about health. When people of my community recognize me in such a manner, I feel blessed."- Atharai-4, Terathum

The role of social recognition and status as a strong motivator for FCHVs was confirmed by all the health facility staff, who felt that they valued the respect and recognition they received from the community. One health facility staff commented;

"They get respect and recognition in their locality and community and health facilities.They get their community people ready to tackle any health related problem withauthority and get a sense of pride in doing some work for their community."-Fedap-1,Terhathum

Urban FCHV think that they were well recognized when there number of health facilities in Kathmandu were less. 9(70%) of them reported that they are only recognized in the community as Vitamin A distributer in the community and also acknowledged about the FCHVs in rural areas on how they are being valued in their community. One of the FCHV also referred rural FCHVs as 'mini-doctors'. One of the FCHV commented:

"*Many new urban populations who have migrated from other places do not know about us Only those who have stayed for more than 10 years, they know our value at those times. With the time, and increasing population, all the respect and values towards have changed."-Jayabageswori, Kathmandu*

Misconception affecting FCHV's access to postpartum mothers:

When FCHVs went to deliver their services in the community, not all of them experienced positive and welcoming households who valued their services. Quite a few of the FCHV referred to instances where they were not allowed to enter a house or when community members spoke to them rudely and questioned their role and utility. This was especially the case when they began their work in an area and were relatively unknown. One of the rural FCHVs commented:

When I used to carry contraceptives, people used to call me a prostitute only because I carried condoms. And used to make unnecessary gossips that FCHVs are trying to make other women prostitute as well. It was very difficult to work at those times, but now time has changed. Those people who used to call me prostitute come asking for contraceptives."- Athrai-1, Kathmandu

On the other hand, while interacting with the urban FCHVS, it was reported that:

"People even left their dogs after us when we approached in households. In laws used to say that FCHVs would teach unnecessary gossips and will spoil their daughter-in-laws." – Dillibazar, Kathmandu

The next respondent presented their feeling:

" we even have had to go through household to aware people regarding health, while going through each household providing medicines, often people accuse of medicine testing especially when we used to talk about iron tablets with them"- Jayabageswori, Kathmandu

Demotivating factor:

Among the FCHVs working in rural do not feel like working sometimes due to excessive workload, frequent refresher trainings and meetings at health centres and travel to remote habitations took away their personal time. Whereas the scenario about urban FCHVs is that they feel like being neglected by the Government. They reported that they had urge of working as a volunteer, but they do not have that much workload to get busy with. 4 of the urban FCHVs made the following statements:

"Very often what the programme wants and people want from me are different. I feel whatever issues I raise on behalf of the community during the health centre meetings are not addressed timely"- Mitrapark, Kathmandu

During the distribution of medicine for Lymphatic Filariasis, once an elderly person was sitting at the terrace. When I asked her permission to enter the house, she shouted rudely and told me not to enter her house. At that moment I was so upset and demotivated at that time, I felt that I had joined the wrong work. – Jayabageshswori, Kathmandu

"FCHVS work very hard in rural areas, that is why they also have facilities of timely training and incentives. But the FCHVSs who are in urban areas do not get the facilities that FCHVs get in rural. The municipality should also make us engage in works so that we could also be recognized." –Dillibazar, Kathmandu

"FCHVs in urban areas lack far behind than the FCHVS in rural areas in terms of facilities. It feels exactly like darkness under the lamp. Yet, many FCHVs are unaware about it"- Manamaiju, Kathmandu

DISCUSSION

The study was aimed at demonstrating the contributions made by FCHVs in the utilization of ANC and PNC services and also examines the roles, responsibilities followed by experiences of FCHVs in varied landscape and setting. All the FCHVs interviewed in this study expressed a sincere desire to perform well, particularly because they felt valued by their colleagues and their communities, and perceived themselves as key assets to directly improving their communities' health. What this analysis confirms, consistently, is that the FCHVs s play a crucial role in the success of community health initiatives.

The services provided were cited as health information, minor treatments, monitoring of ANC checkups, distributing Chlorhexidine gel, visiting on post -partum period, counseling on nutritious foods to mothers as well as children and identification of pregnancy-related complications in Terhathum. FCHVs gave more emphasis on the HMG meetings as that was the central point to flow information to their community people. This is similar to the responsibilities of FCHVs promoting the public health as mentioned in the annual report of DOHS-2074/2075. [6].The importance of FCHVs as service providers was also highlighted by those health service providers who viewed the FCHV programme as a strategic opportunity to improve

maternal and child health as many awareness programs and minor ailments are either treated directly by the FCHV or referred to the health post in the village or to a primary health centre.

The basic activities carried out in their respective community were found to be varied according to the varied landscape. There were differences in the roles of FCHV in rural and urban settings. Analysis of discussions with FCHVs on their role in urban areas highlighted that they were not aware of what being an FCHV in this populated urban area means or entails. FCHVs from the urban area highlighted that they were mostly instructed to encourage participating in immunization coverage, vitamin A campaigns and awareness programs as directed by the ward office.

Deliberating further on the role of FCHVS in Terhathum on referring for ANC and their potential benefits, postpartum mothers described a progressive improvement in the level of awareness on the importance of receiving at least four antenatal visits and institutional delivery with access to health services. The majority of the women interviewed attended ANC. Nearly all women perceive ANC services to be important and expressed complete trust in FCHVs and the care they receive. The most commonly mentioned assistance given to pregnant women included advice about the care of their pregnancies; assessment of fetal vital status; ascertainment of fetal position; maternal vaccination; blood tests to diagnose disease and assess health status. The referrals were made by FCHVs on the basis of routine household visits or self-enquiry from the service users. The FCHVs reported that referrals happened 'whenever she found a pregnant mother at her initial phase who needs ANC check-up or when someone was pregnant.This is similar to the finding of a qualitative study of FCHVs conducted in Dhading and Sarlahi (Panday*et al.,* 2017). The scenario of urban FCHVs with the referrals on ANC was different than rural FCHVs. The urban health clinics at those places outside the ring-road area were found to be more relied on by the mothers for three ANC checkups. But the urban health clinics inside the ring-road area seemed to have been not used by the mothers that frequently. With all the facilities available in the city areas, people would rather go to private clinics for checkups rather than government health centres available in their wards. Many people didn't know about the existence and services that the urban health centers had in their respective wards. The differences in the practices of FCHVs in the two settings are more like the findings from the national FCHV survey report which had emphasized about the need to tailor roles for FCHVs by geographic setting [3].

However, reflecting on the challenges experienced by FCHVs in linking mothers to health centers for institutional delivery both FCHVs and health service providers from Terhathum informed that mothers do not come for PNC until and unless complication arises to them due to poor transportation facilities which still remains a challenge in other rural parts of the country as well. Another study done in Rwanda also stated that most CHWs acknowledged Rwanda's challenging, highly mountainous landscape as impacting women's attendance at health services, indicating that spatial access sometimes limited the use of such services

[7]. While in Kathmandu, referrals to PNC services are not that much delivered by FCHVs, as all the deliveries happen at hospitals, mothers are called for follow up according to the protocol of hospitals.

Compared to few years, the FCHVs from both the setting seemed to be very happy to talk about the improved situation of maternal mortality rates which was a major issue back then. The reasons for improvement are attributed to the presence of FCHV in the community as she knows a list of all eligible couples and expectant pregnant mothers, follows up pregnancy cases, educates and motivates mothers to undergo timely check-ups and even escorts women for delivery within hospitals or birthing centres. This can be confirmed by NDHS data stating about the reduction in maternal mortality ratio in past years [6].

Unlike the study conducted in India, lack of clarity on 'who will pay' and 'how much for what job' along with no incentives for some tasks (such as patient referrals, and data management) affected the motivation and performance of ASHAs [8], this study found out the non-financial factors as the motivating factors. The respect and trust that the community gave them was regarded as the greatest incentive to continue as an FCHV. The FCHVs valued highly the feeling of saving lives and improving the health of their community members, and this was referred to repeatedly in-depth interviews as one of the key motivating factors that inspired them to continue their work as a community health worker. Most of the FCHVs looked at their work as a form of social service that they were rendering to their community. The value that they attached to their work made them feel responsible for the improved health of the community that they served. This, in turn, motivated FCHVS to go the extra kilometers to ensure that their services were made available to all and that the quality of the services they provided was good enough.

It is interesting to note that being recognized for their work in the community enabled them to feel a sense of independent identity that they did not experience when they were confined to their homes. Being able to contribute something to the community, and making productive use of their time, were also reported as positive factors about their work and motivated them to continue working even if conditions were difficult and the low incentives they received. During this study, FCHVs from rural and urban had different voices towards their existence, contribution, challenges and attitudes. This can be linked with a similar study ; compared in Terai, the FCHVs in the hill villages were relatively well supported in terms of training, supervision and access to medical supplies [1]. On the other hand, the clear differences in the involvement of FCHVs in varied landscape and settings differing in roles and responsibilities, practices of referrals on ANC and PNC services, low utilization of the urban health centers draws an attention towards revising the existing policies.

CONCLUSION

FCHVs are responsible for identification of pregnant women, screening women for danger signs and referrals for antenatal care. They are the first point of contact for women in pregnancy and provide nutritional counseling. The perceptions, practices and the experiences collected from the health facility staff, service users and FCHV

themselves have made it possible to draw a conclusion that FCHVs have been contributing a lot of their time and effort to every possible way to make the women of their community survive while being pregnant or after delivery. The health advice provided by FCHVs is highly valued and accepted by pregnant women and their families.

There is a need for a better understanding of the opportunities and challenges faced by FCHVs in diverse Nepali contexts, and this study has highlighted the challenges and realities of their work in Terhathum and Kathmandu. In the context of Terhathum, FCHVs were valued for their contribution and for promoting opportunities to support maternal health education and ability to provide basic care and counselling. While recognition, and precise roles and responsibilities, is an important elements for the continued participation of FCHVs in Kathmandu in coming years. Differences between districts in maternal health practices, experiences, and roles of FCHVs are partly attributed to environmental factors, such as topography, population and the availability health facilities.

This study raises several questions for additional research on urban FCHVs which will further help in revising the policies associated with this programme in near future in Nepal. Given issues around FCHV programme existence in urban area like Kathmandu, training and intervals for refresher training needs to be further established. Despite some limitations, this study examined the experience and identified areas for strengthening the maternal health care in coming years with FCHV programme that can be applied in similar settings across Nepal.

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REFERENCES

1. Panday S, Bissell P, Van TE. et al. The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a qualitative study. BMC Health Serv Res 2017; 17: 623.
2. Khatri RB, Mishra SR and Khanal V. Female Community Health Volunteers in Community-Based Health Programs of Nepal: Future Perspective. Front Public Health 2017; 5:181
3. Family Health Division, Department of Health Services, Ministry of Health and Population (MOHP), Female Community Health Volunteer National Survey 2014.
4. Department of Health Services, Ministry of Health and Population. Annual Report of 2068/69(2011/2012) 2012.
5. AD Kearns, JM Caglia, Hoope-Bender, A Langer Antenatal and postnatal care: a review ofinnovative models for improving availability,accessibility, acceptability and quality of services in low-resource settings. BJOG 2016; 123:540–548
6. Ministry of Health. Nepal Demographic and Health Survey Nepal Demographic and Health Survey 2016.
7. Tuyisenge G, Crooks VA & Berry NS. Facilitating equitable community-level access to maternal health services: exploring the experiences of Rwanda's community health workers. Int J Equity Health 2019; 18: 181.
8. Sharma R, Webster P, Bhattacharyya S. Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. Glob Health Action 2014;7:25352.