



# How Do Community Health Workers Contribute to Better Nutrition?

## Nepal



## **About SPRING**

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

## **About APC**

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

## **Disclaimer**

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.

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## **SPRING**

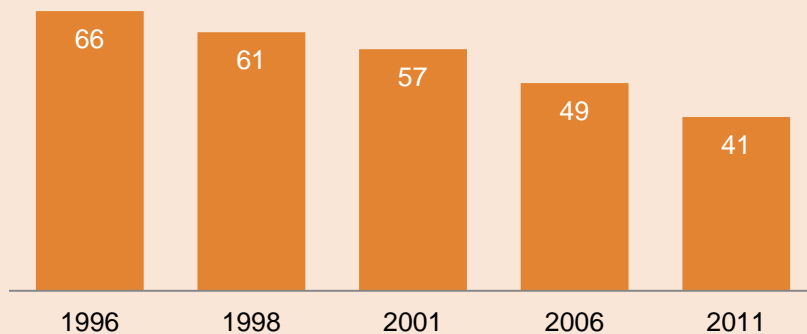
JSI Research & Training Institute, Inc.  
1616 Fort Myer Drive, 16th Floor  
Arlington, VA 22209 USA  
Phone: 703-528-7474  
Fax: 703-528-7480  
Email: [info@spring-nutrition.org](mailto:info@spring-nutrition.org)  
Internet: [www.spring-nutrition.org](http://www.spring-nutrition.org)

# In Nepal, nutrition-related health issues persist.



% children under 5

According to most recent data, **stunting** remains a major challenge in Nepal.



# 36%

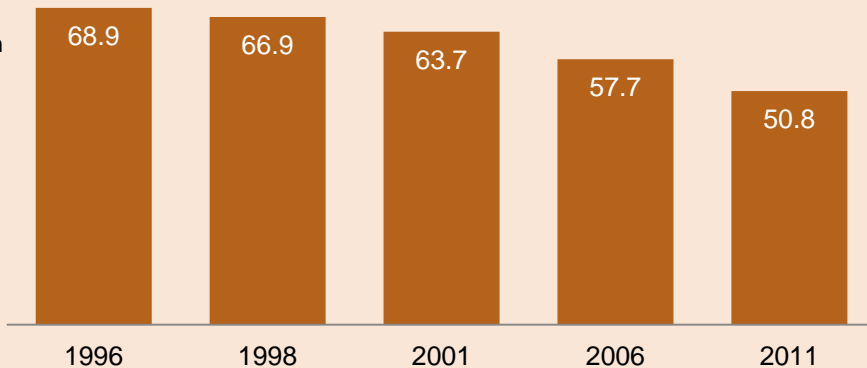
of women of reproductive age have anemia

That means **2.9 million** Nepalese women have a critical micronutrient deficiency (2011)



% children under 5

**Anemia** also persists as a major issue for Nepal's children.



# only 24%

of infants and young children receive minimum dietary diversity (2011)

# We know **evidence-based, cost-effective interventions** can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Studies have demonstrated the effectiveness of community health workers in achieving demonstrable health benefits directly related to the Millennium Development Goals (MDGs), including reducing child malnutrition and both child and maternal mortality.

- Perry and Zulliger (2012)

# Community health workers play a critical role in providing these proven, evidence-based, cost-effective interventions.

By making basic primary care available at the community level, CHWs make it possible for women and children to receive the services they need for better health outcomes.

Frequently based in the communities where they are from, community health workers (CHWs) have direct access to the community and can link with other nutrition-related community-based service providers. They can provide clients with a range of services such as medical care, information, counseling, and referral.

However, CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems – including systems for monitoring, supporting, and mentoring. Countries like **Nepal** must take this into consideration as they scale up and expand the services provided by CHWs.



**Information** on the services that community health workers provide and the systems that support them in doing their work **is often hard to find.**

To begin to fill this void, the two USAID-funded projects - **Advancing Partners and Communities (APC)** and **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)** - collaborated to conduct a desk review of existing policies and documents related to community health systems.

Due to the diversity and magnitude of community health programs in a given country, we collected information based on individual country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale.



These are our findings:

This is what community  
health workers can do in  
Nepal, according to  
government policy.

See the Data Notes at the end for more on how data were collected and analyzed.



Community health service delivery in Nepal is guided by **multiple policies**.

Relevant Government Policies Reviewed	Last Updated
National Health Policy 2014	2014
National Female Community Health Volunteer Program Strategy	2010



# Nepal has **three distinct cadres** of community health workers.

## **1. Female Community Health Volunteers (FCHV)**

operate under the Ministry of Health's national program and provide a broad range of health services with a specific focus on maternal, newborn, and child health and community-based integrated management of newborn and childhood illness.

**47,000** in country

1 FCHV:100-500 people

1 FCHV : 150 people (Mountain District);

1 FCHV : 250 people (Hill District);

1 FCHV : 500 people (Terai/Plain District)

**2. Auxilliary Health Workers (AHW)** are employed by the government at health facilities that provide a higher level of care than FCHVs

**3,600** in country

1 AHW:1 health facility

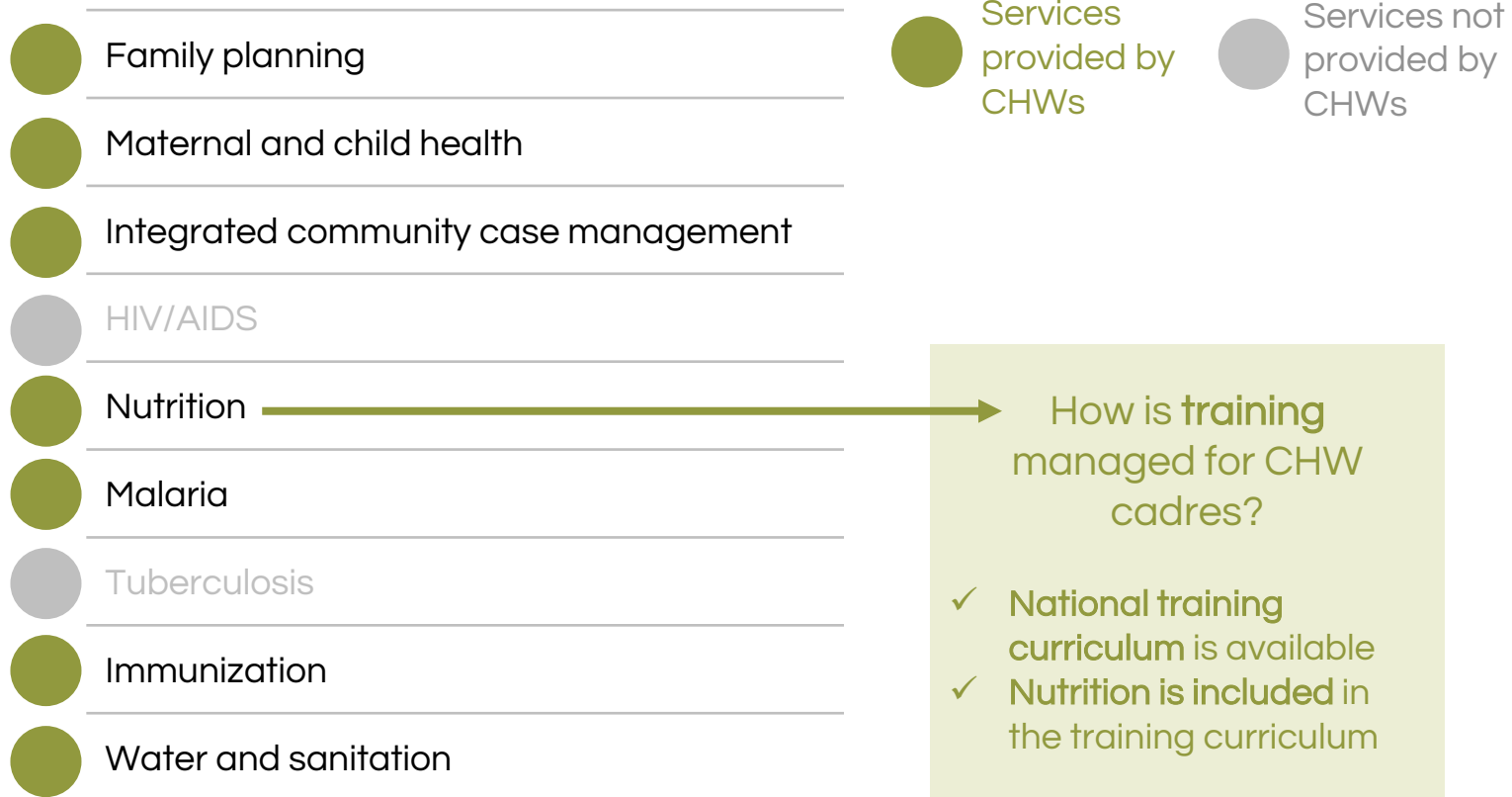
**3. Auxiliary Nurse Midwives(ANM)** provide basic primary health care services, but focus on a range of reproductive, maternal, newborn, and child health services including ante- and postnatal care, safe delivery, and immunizations

**4,012** in country

1 ANM:1 health facility



# Community health workers in Nepal provide services in **multiple health service delivery areas.**





Community health workers  
in Nepal support improved  
nutrition outcomes  
throughout the continuum  
of care.



# How we present our findings on nutrition services provided by community health workers.

Services, listed in tables, are categorized as nutrition **assessment**, **counseling**, or **support** actions.

Assessment	
<i>Activity / action to be taken</i>	 <i>Cadres of CHWs who conduct this task</i>
	

Counseling

Support

The tables presented for each stage of life across the continuum of care include specific nutrition-related services queried as part of the Community Health Systems Catalog Assessment.

For each stage of life, we indicate if the service is provided by community health workers and which cadres have the responsibility to provide that service.

Community health workers who provide services are identified by cadre:  
**FCHV**– Female Community Health Volunteers  
**AHW**– Auxiliary Health Workers  
**ANM** – Auxiliary Nurse Midwives



Services provided by CHWs



Service not provided by CHWs or not clearly specified in policy

# For adolescents

## Counseling

Provide information/education/counseling (IEC) on iron/folate for women who are not pregnant and adolescent girls



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## Support

Provide/administer iron/folate for women who are not pregnant and adolescent girls



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# For pregnant women

## Assessment

Monitor weight gain during pregnancy	●	ANM
Measure mid-upper arm circumference (MUAC) screening for pregnant women	●	--
Give information on hemoglobin testing for women who are pregnant	●	AHW / ANM / FCHV
Test blood for hemoglobin levels	●	AHW / ANM / FCHV

## Counseling

Provide IEC on nutrition/dietary practices during pregnancy	●	AHW / FCHV
Provide IEC on iron/folate	●	AHW / ANM / FCHV
Provide IEC on insecticide-treated net use	●	AHW / ANM / FCHV

## Support

Provide/administer insecticide-treated nets	●	--
Provide/administer iron/folate	●	AHW / ANM / FCHV



# For breastfeeding women

## Assessment

Monitor nutritional status of women who are breastfeeding (e.g., using MUAC)



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## Counseling

Provide IEC on correct positioning and attachment of the newborn during breastfeeding



AHW / ANM / FCHV

Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)



AHW / ANM / FCHV

Provide IEC on nutrition/dietary practices during lactation



AHW / ANM / FCHV





# For newborns

## Assessment

Weigh newborns



AHW / ANM /  
FCHV

## Counseling

Provide IEC on skin-to-skin contact between baby  
and mother/caregiver



AHW / ANM /  
FCHV

Provide IEC on breastfeeding within  
1 hour of birth



AHW / ANM /  
FCHV



# For children

## Assessment

Scales to measure weight of children up to 2 years of age	●	AHW
Use length boards to measure length of children up to 2 years of age	●	AHW
Measure MUAC of children	●	AHW / ANM / FCHV
Screen children for bilateral edema	●	--

## Support

Provide/administer Vitamin A supplementation for children 6–59 months of age	●	AHW / ANM / FCHV
Provide/administer micronutrient supplementation	●	AHW / ANM
Provide/administer deworming medication	●	AHW / ANM / FCHV
Treating moderate acute malnutrition for children under 2 years of age	●	AHW / ANM
Treat severe acute malnutrition with ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF)	●	AHW / ANM

## Counseling

Provide IEC on Vitamin A for children 6–59 months of age	●	AHW / ANM / FCHV
Provide IEC on general micronutrient supplementation	●	AHW / ANM / FCHV
Provide IEC on de-worming medication	●	AHW / ANM / FCHV
Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months of age)	●	AHW / ANM / FCHV
Provide IEC on exclusive breastfeeding (first 6 months of age)	●	ANM / FCHV
Provide IEC on introduction of soft, semi-solid foods at 6 months of age	●	AHW / ANM / FCHV
Provide IEC on continuing breastfeeding for children less than 6 months of age who have diarrhea	●	--
Provide IEC on increasing fluids and continuing solid feeding for children over 6 months of age with diarrhea	●	--



# For all stages of life

## Counseling

Provide IEC on handwashing with soap



AHW / ANM /  
FCHV

Provide IEC on community-level total  
sanitation



AHW / ANM /  
FCHV

Provide IEC on household point-of-use water  
treatment

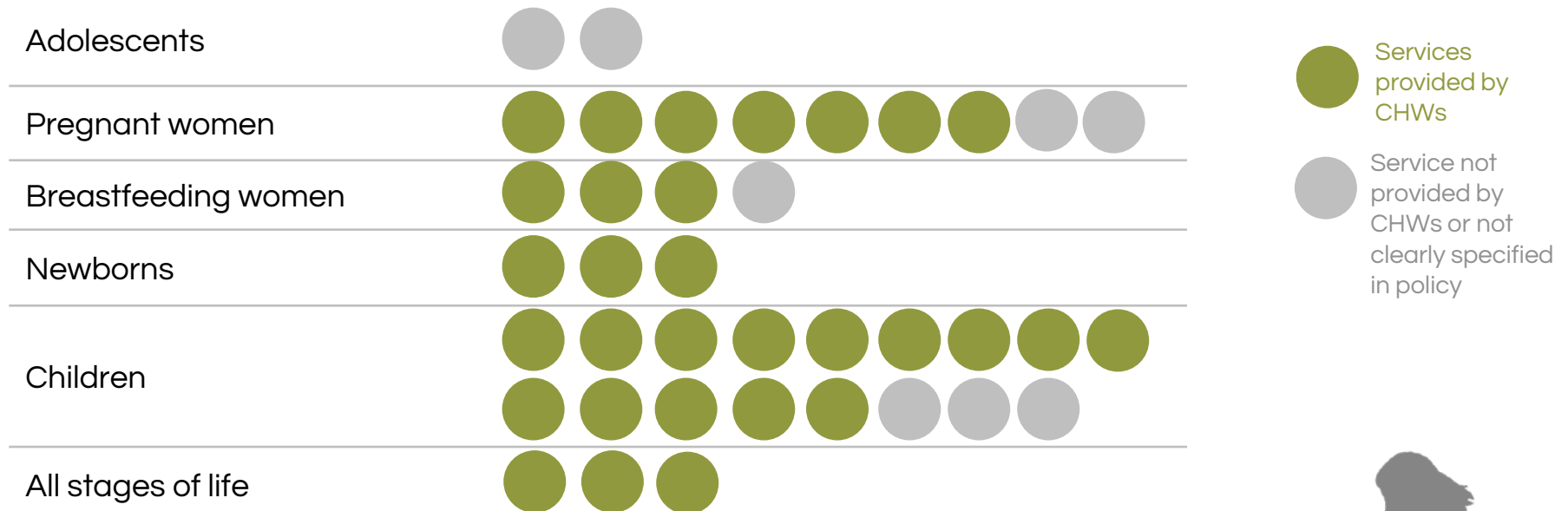


AHW / ANM /  
FCHV



# Our key takeaways

In Nepal, three cadres of community health workers provide **30** of the recommended **38** nutrition services discussed in this assessment.



# How to use this information

We invite in-country stakeholders to use this information to:



**Identify** which nutrition-related services CHWs can provide, according to policies;



**Prioritize** and/or reassign responsibilities to avoid overburdening CHWs;



**Build** a stronger foundation of policies, tools, and systems for CHWs to conduct their work;



**Plan** additional support to CHWs;



**Design** and conduct other in-depth assessments of community nutrition programs;



**Inform** program implementers to strengthen community health interventions.

This product was developed using information collected by APC, with input from SPRING, through a desk review of existing policies and documents related to community health systems. Due to the diversity and magnitude of community health programs in a given country, we collected information based on country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale. We encourage updates and validation to specific local contexts.

# Data Notes

This document includes rich information about community-level nutrition policies and services in Nepal. The data represented here are based on a detailed analysis of survey responses and a review of select policies related to nutrition responsibilities of community health workers.

The data come with their own caveats. Policies do not always specify which particular actions CHWs are allowed or expected to perform, nor do they give any real indication of what actions CHWs actually do perform. Policies can be general, ambiguous, and/or contradictory. For instance, a policy might list "referral for antibiotics" but it doesn't specify which antibiotics.

Furthermore, Nepal is a highly decentralized country. In some states the policies and guidelines reviewed may not be adopted at all, may be adapted, and/or may be integrated into other documents.

You can learn more about how to map health workforce activities with the SPRING Nutrition Workforce Mapping Toolkit, available at [spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit](http://spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit)

This effort was undertaken as part of the wider Community Health Systems Catalog data collection effort.

You can find more details on the Community Health System in Nepal and data on other countries at: [www.advancingpartners.org/resources/chsc](http://www.advancingpartners.org/resources/chsc)

# References

Bhutta, Zulfiqar A., Jai K. Das, Arjumand Rizvi, Michelle F. Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, Robert E. Black, The Lancet *Nutrition Interventions Review Group*, the *Maternal and Child Nutrition Study Group*. 2013. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *Lancet* 382 (9890):452-477. doi:10.1016/S0140-6736(13)60996-4. (<https://goo.gl/jrMUov>)

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Perry, Roger and Rose Zulliger. 2012. "How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals." JHU: Baltimore, MD. (<https://goo.gl/3x9K91>)

# Additional Resources on CHWs

[Community Health Systems Catalog](https://goo.gl/N1QKYK) - An innovative and interactive reference tool on country community health systems intended for ministries of health, program managers, researchers, and donors interested in learning more about the current state of community health systems. (<https://goo.gl/N1QKYK>)

[Essential Package of Health Services Country Snapshot Series](https://goo.gl/2M6FXr) - A series of country profiles that analyzes the governance dimensions of Essential Packages of Health Services (EPHS), including how government policies contribute to the service coverage, population coverage, and financial coverage of the package (<https://goo.gl/2M6FXr>)

[Community Health Worker \(CHW\) Central](https://goo.gl/dacnl5) - An online community of practice for sharing resources and experiences and discussing questions and ideas on CHW programs and policy. (<https://goo.gl/dacnl5>)

[The Community Health Framework](https://goo.gl/VZlmbm) - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (<https://goo.gl/VZlmbm>)

[Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems](https://goo.gl/5G0Vbc) - A systematic review of CHW programs and their impact on health-related Millennium Development Goals (MDGs) as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). (<https://goo.gl/5G0Vbc>)

[How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals](https://goo.gl/jKx2Zg) - An update and supplement to the previous paper on the effectiveness of CHWs in providing a range of health services and improving health and nutrition outcomes. (<https://goo.gl/jKx2Zg>)



# Additional Resources from Nepal

[Effectiveness of female community health volunteers in the detection and management of low-birth-weight in Nepal](https://goo.gl/BF7NzU) - Low birth weight (LBW) is a major risk factor for neonatal death. However, most neonates in low-income countries are not weighed at birth. This results in many LBW infants being overlooked. Female community health volunteers (FCHVs) in Nepal are non-health professionals who are living in local communities and have already worked in a field of reproductive and child health under the government of Nepal for more than 20 years. The effectiveness of involving FCHVs to detect LBW infants and to initiate prompt action for their care was studied in rural areas of Nepal. (<https://goo.gl/BF7NzU>)

[Somewhere in the Middle: The Role of Female Community Health Volunteers in a Nepali Hill Village](https://goo.gl/F0mfcT) – Alongside the outline of the roles and responsibilities of Female Community Health Volunteers in Nepal, this paper highlights the diverse partnerships between FCHV's and health practitioners. It also focuses on the ability of FCHV's to integrate into the community and reconcile conflicting views on healthcare in Nepal. This paper explores the gap in research on FCHV's and demonstrates that alliances amongst health providers in Nepal are possible. (<https://goo.gl/F0mfcT>)

[An Analytical Report on National Survey of Female Community Health Volunteers of Nepal](https://goo.gl/s4JiRi) – As demonstrated by the 2006 Female Community Health Volunteers (FCHV) national survey, combined with data from routine health information systems, and information from the 2006 Nepal Demographic and Health Survey, FCHV's play an important role in contributing to a variety of key public health programs, including family planning, maternal care, sick childcare, vitamin A supplementation/deworming and immunization coverage. Present in nearly all rural wards, stable in their jobs, reasonably representative of the people they serve, and motivated to continue working at current or higher levels, FCHV's are an integral link between government health systems and the communities they serve. (<https://goo.gl/s4JiRi>)

[Strengthening Nepal's Female Community Health Volunteer network: a qualitative study of experiences at two years](https://goo.gl/h7j479) – Nepal's Female Community Health Volunteer (FCHV) program has been described as an exemplary public-sector community health worker program. However, despite its merits, the program still struggles to provide high-quality, accessible services nation-wide. Both in Nepal and globally, best practices for community health worker program implementation are not yet known: there is a dearth of empiric research, and the research that has been done has shown inconsistent results. (<https://goo.gl/h7j479>)

Learn more at:  
[www.spring-nutrition.org](http://www.spring-nutrition.org)



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