

Empowered Women Save Childrens' Lives

A Report from Nepal's
National Vitamin A Program

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Acronym List

AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection
FCHV	Female Community Health Volunteer
FP	Family Planning
GLV	Green Leafy Vegetables
HMG	His Majesty's Government
JSI	John Snow, Incorporated
MOH	Ministry of Health
ORS	Oral Rehydration Solution
NGO	Non Governmental Organization
NTAG	Nepali Technical Assistance Group
NVAP	National Vitamin A Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VACD	Vitamin A Capsule Distribution
VaRG	Valley Research Group
VDC	Village Development Committee
VHW	Village Health Worker

Executive Summary

In Nepal, as in many developing countries, Vitamin A deficiency is a severe public health problem that disproportionately affects children and pregnant women. Already more vulnerable to illness, children with Vitamin A deficiency are highly susceptible to morbidity and mortality from common infections including diarrheal disease and measles. In pregnant women, Vitamin A deficiency can cause nightblindness and increase the risk of maternal mortality during childbirth. Recognizing the role of this micronutrient in preventing child deaths, the 1990 World Summit for Children set as its goal the global elimination of Vitamin A deficiency by the year 2000.

In seeking to address this endemic problem, the government of Nepal launched the National Vitamin A Program (NVAP) in 1992. Based on scientific research, His Majesty's Government and other stakeholders determined that biannual supplementation with a high dose of Vitamin A would be the most effective short term strategy for meeting the Summit objective. In addition, they resolved that capsule distribution would be complemented by other efforts to ameliorate the deficiency of this micronutrient, including the promotion of nutrition education, female literacy, improved child feeding practices, and the production and consumption of vitamin A-rich foods.

With these objectives in mind, the Female Community Health Volunteer (FCHV) was selected as the vehicle for distributing Vitamin A supplements biannually to children 6-60 months of age. The FCHV Program, a government initiative, trains one female in every ward to deliver health education and primary health services to other women and children in the community. Since the inception of the NVAP, FCHVs have proven themselves by mobilizing their community around the issue of Vitamin A and by consistently delivering biannual doses of Vitamin A to children. Not only have FCHVs made enormous progress in reducing the toll of Vitamin A deficiency on child morbidity and mortality, but they have also accrued personal benefits and witnessed a renaissance in their position as community health workers.

The purpose of the current study is to better understand how and why these changes have occurred. Specifically, the objectives of the study are:

- To investigate and document the nature of the partnership between the NVAP and the FCHV that has enabled their role in capsule distribution to be successful and fulfilling.
- To understand how the NVAP has contributed to the empowerment, motivation, and self-development of the FCHV.
- To use the above information to suggest which NVAP strategies should be reinforced and which should be altered, thereby ensuring the sustainability and growth of the FCHV role.

The information analyzed in this report was obtained through qualitative focus group discussions and in-depth interviews conducted by a team consisting of two NTAG staff members and one graduate student from the Tufts University School of Nutrition Science and Policy. In order to ensure that its information would be well rounded, the team met with FCHVs, community mothers, local leaders, and village health workers in two different districts.

The results of these discussions demonstrated that several components of the NVAP implementation process, including participatory training and regular capsule supply, have been critical to advancing the confidence, prestige, and position of the FCHVs. As the community has increased its demand of these women's services and as FCHVs have experienced a surge in their status, their motivation to excel in their work has been augmented. In many cases, the commitment between the health volunteer and her community has been strengthened enormously in the years following the NVAP's introduction.

The NVAP has done more than many other programs for the personal development of FCHVs and for the mobilization of the community around the important issues of micronutrient deficiency and nutrition. By assuming an empowering and supportive approach to implementation, it has helped to improve the societal position of thousands of Nepalese women. At the same time, it has sparked new opportunities and increased demand for FCHVs to impart health education to community mothers and their families.

Although most FCHVs seemed intent on continuing to distribute Vitamin A capsules, as more programs capitalize on their dedication these volunteers may at some point become overburdened. Before adding any further program responsibility, a support system should be developed for the FCHVs. Ultimately, if they are expected to sustain or increase their level of responsibility, FCHVs should receive additional non-monetary benefits that will make their investment of time and effort worthwhile. The FCHVs ask that planners consider, wherever possible, the inclusion of these types of incentives in current and future initiatives.

I. Introduction and Overview

The Nepal National Vitamin A Program (NVAP) relies on un-salaried Female Community Health Volunteers (FCHVs) as the primary vehicle for biannual Vitamin A capsule distribution to children 6-60 months of age. To date, almost 29,000 FCHVs from 54 districts have been trained and are successfully completing their responsibilities, achieving coverage rates averaging 85%. Given that many country programs relying on volunteers for frontline health service delivery face difficulties in sustaining their participation, it is logical to question exactly how the FCHVs in Nepal remain motivated and capable of continuing their Vitamin A work even after several years of involvement with the NVAP.

This report seeks to better understand the nature of this community-based program and, more specifically, to determine how the program implementation process has served as a mechanism to enhance the FCHVs personal motivation and self-development while creating a local support network in which she can operate and thrive. Due to its dynamic and flexible nature, pinpointing the process by which FCHVs have been empowered within the program is difficult. However, through a series of in-depth interviews and focus groups with FCHVs, health officials, community mothers, and local political leaders, we have tried to understand, through their words, the common elements that have enabled FCHVs to excel in their work.

It is our wish that others will benefit from the insights gained in this report — not only those interested in strengthening and sustaining National Vitamin A Programs in Nepal and abroad, but also those seeking to support the FCHV in her other capacities. Additionally, anyone planning development efforts at a local level can benefit from understanding the successes of this nationwide effort.

I.a. The Genesis of the National Vitamin A Program

Vitamin A deficiency has been shown to contribute substantially to an increased risk of child morbidity and mortality from various diseases. In Nepal, as in other developing countries, many people do not receive an adequate supply of this essential nutrient due to a complex interaction of factors. Underlying contributors to deficiency, such as chronic undernutrition, are compounded by more immediate causes including constrained seasonal access to Vitamin A food sources coupled with a lack of nutrition education and misperceptions about the benefits of Vitamin A-rich foods.

Children and pregnant and lactating women often unduly bear the consequences of this micronutrient deficiency — not only because the developing body's need for vitamin A is more important during these life stages, but also because such groups are at a nutritional disadvantage due to the discrimination and gender inequality inherent in the society. These two groups are also directly vulnerable to cultural practices that limit the amount of certain vitamin A-rich foods consumed during pregnancy, lactation, and early childhood. They suffer as a result, with women rendered more at-risk of death during childbirth and children more susceptible to morbidity and mortality from common diseases including measles, diarrheal disease, and the complications of severe malnutrition.

Faced with Vitamin A deficiency endemic in their population, over the past decade health planners in Nepal have considered several options for large-scale interventions to reduce its prevalence. Many of the alternatives, such as food fortification, were not feasible in a country where food production is primarily subsistence-oriented and food is marketed locally. Another option, high-dose supplementation with Vitamin A, was investigated further after it produced promising but contradictory results in research studies performed in other countries.

In order to determine the efficacy of giving children high-dose Vitamin A supplements to prevent deaths among the Nepalese population, Johns Hopkins University conducted the USAID-funded NNIPS I study between 1989 and 1991. This randomized, double blind, placebo controlled intervention trial was carried out in Sarlahi district of the lowland Terai region. The study compared the relative risk of death of those children taking high-dose Vitamin A supplements every four months to those taking a placebo. The results of this carefully implemented study showed that, on average, supplementing children 6-60 months old with Vitamin A could reduce child mortality by thirty percent.

At a 1992 meeting convened to discuss the challenge of high child mortality, HMG and international donor agencies selected biannual Vitamin A capsule supplementation as their primary short-term strategy to reducing its prevalence. The plan was attractive, not only due to its demonstrated potential to avert numerous child deaths, but also because it could be implemented at a relatively low cost through existing health system distribution channels.

At the same meeting, high-ranking officials decided that preventive supplementation should be complemented by efforts to counter the micronutrient deficiency in the long term. Therefore, the promotion of nutrition education and positive nutritional behavior, improved child feeding practices, and the production and consumption of vitamin A-rich foods were included as secondary objectives in the program. In addition, health care providers were to be trained in treatment protocols for cases of xerophthalmia, measles, prolonged diarrhea and severe malnutrition.

Finally, planners determined that a technical assistance group (TAG) should be formed to help the Ministry of Health to expand the NVAP in 32 priority districts. The TAG has since evolved into the registered NGO, the Nepali Technical Assistance Group (NTAG). Since 1997, NTAG has provided technical assistance to the National Vitamin A Program through a USAID-funded subcontract with John Snow, Inc. under the Logistics and Child Health Support Services Project. UNICEF and AUSAID also fund a portion of the program.

I.b. The NVAP is Kicked Off: The Program Process from "A" to Z

Following this consensus meeting in early 1992, the TAG collaborated with the MOH to formulate the program strategy and initiate implementation in eight Terai districts selected for their high prevalence of Bitot's spots (signs of progressive Vitamin A deficiency), large child population and good infrastructure. After careful consideration, they decided that the Female Community Health Volunteer, each representing one ward, should be selected as the vehicle for distributing Vitamin A supplements biannually to children 6-60 months of age. Henceforth every aspect of the program, from district level trainings to local distribution campaign rallies, was planned not only to raise program awareness and participation amongst the managers and beneficiaries, but also to increase community recognition and support and thereby the motivation of the FCHV — the linchpin of the NVAP.

With this focus in mind, each phase of implementation follows a similar pattern. In every new district, NTAG staff along with two ministry of health staff/trainers conduct multisectoral training to sensitize participants to the problem of Vitamin A deficiency and its consequences. The sessions also raise awareness about locally available Vitamin A-rich foods, introduce trainees to the objectives and

approach of the Vitamin A program, elicit plans for collaboration amongst the attendants and their organizations, and prepare the attendants to become trainers for the subsequent level of instruction. Like all NTAG activities, the training is a case of the means justifying the ends; NTAG's participatory and empowering approach to training is equally as important as the messages it relays.

Training commences at the district and health post levels and progresses ultimately to the community level, where teaching the FCHV about her new role is the highest priority. At the end of the initial training, the FCHVs are bestowed with a bag bearing the NVAP logo. They also receive a flipchart used to educate the community, promotional materials, a register with careful instructions on recording those children dosed with Vitamin A, and a supply of Vitamin A capsules for the first round of distribution.

This introductory training takes place before one of the two annual distribution dates in April and October. Prior to the distribution, NTAG launches a nationwide promotion campaign that also relies heavily on the participation of FCHVs and community members. Through a combination of locally held Vitamin A vegetable rallies, a Vitamin A magician, town criers, radio and TV spots and other means the word is spread throughout the districts that the distribution is imminent.

Following the first distribution round, each training group receives a refresher training where participants can share their experiences, hash out problems, and receive their next supply of capsules. NTAG staff conducts these refresher trainings. They also assist in implementing, supervising, and monitoring the next distribution round before turning the primary responsibility for the cyclical process over to the district government health staff. A "coordinating committee" is formed to ensure the continuation of multisectoral collaboration. From that point forward, all additional FCHV training and capsule supply is conducted through a biannual FCHV review meeting initiated and organized by the district level health staff.

On distribution day the spotlight falls on the FCHV. Beginning early in the morning and lasting until late, the FCHV sets up a central distribution point with her register, capsules, Vitamin A vegetables and flipchart and with a Vitamin A tika on her forehead proceeds to dose as many children as possible. Some FCHVs receive help from relatives, community members, NTAG staff, JSI, NGOs, CBOs and health officials. Others manage to operate alone. Before the first round of capsule distribution FCHVs register all children in the appropriate age group ahead of time whereas after the first round some wait to record the dosed child on the distribution day. Though the approach may differ, from their very first distribution forward, the average FCHV manages to reach over 85% of the children in her community with a high dose of this life-saving micronutrient.

I.c. Putting the NVAP in Context: The FCHV Program Infrastructure

In light of the remarkable achievements of the FCHVs, it is important to understand the challenges that the NVAP has faced in integrating this community-based initiative into a pre-existing government program. When the NVAP began in 1992, the FCHV infrastructure on which the Program was to rely was still in its early stages. Despite impressive government efforts to raise the profile and status of the FCHV and her work, many FCHVs were underutilized and unmotivated. Examining this "baseline" -- the realities of the FCHV program before the NVAP was introduced -- helps to highlight the achievements of the NVAP implementation process.

The FCHV Program was initiated following the recognition by HMG that the previous community-based system, which relied on male Community Health Leaders and emphasized general health education and first aid, was not very effective. The MOH found that males were unable to interface well with women and their children and that the program's design did not adequately respond to Nepal's most pressing health needs. In 1988, the government shifted its policy to replace all male volunteers with females and to reorient the responsibilities of the volunteers to prioritize family

planning and maternal/child health care.

In addition to the gender reorientation, several other program components were modified under the new initiative. To ensure community support, new FCHVs are now selected by a "mothers group" formed in each ward (the smallest administrative unit). Though not always fulfilled, the purpose of the mothers group is to support the newly recruited FCHV, to meet regularly to discuss concerning health issues, and to spread the group's knowledge of model health behaviors to other women in the community.

After selection, the FCHV is required to attend a fifteen day initial training covering a wide range of primary health topics including: diarrhea, nutrition, immunization, family planning, AIDS, child care, first aid, and ARI. Although the principal role of the FCHV is to educate community members and to motivate them to use local health services, FCHVs are also expected to provide a package of other services including: the distribution of FP methods and ORS packets, the diagnosis and referral of ARI cases (in ARI program districts), and the assistance of health staff on polio vaccination days. Managers throughout all levels of the health system are trained to support the FCHVs in their duties, although the primary supervisory responsibility is left to the Village Health Worker in each Village Development Committee (there are nine wards in each VDC).

Upon completing her initial training, the FCHV is provided with a free drug kit that includes Cetamol, Iodine tincture, FP pills, condoms, and Jeevan Jal (ORS). Once this first allotment is depleted, she is expected to replenish her supplies with assistance from the community and local health facility or by selling medicines. Additionally, the FCHV receives a signboard to affix to her home to designate her position, a cloth bag in which to keep her drug kit, an identification card, and a certificate. The only monetary remuneration that the FCHV receives through the program is a small allowance (75 rupees - just over one US dollar) for each day that she attends the initial training and biannual refresher meetings.

A comprehensive assessment of the FCHV program undertaken by the Valley Research Group (VaRG) in 1997 found that, although the program had made overall progress towards achieving its objectives, several components required improvement. For example, in the majority of communities mothers groups were not functioning either to select or support FCHVs in their work. Instead, health post staff and local political leadership selected many of the FCHVs, thereby bypassing a critical means to mobilizing community awareness and support of the program. As a result, many communities did not feel a sense of ownership of the program and were reluctant to expend resources to support FCHVs.

Additionally, FCHVs interviewed by the VaRG felt that the extensive subject matter covered in their training was difficult to digest within the given time constraints, while refresher trainings and supervision were too sporadic to rely upon for improving their skills. The VaRG also found that many FCHVs had difficulty replenishing their supplies, which hampered their ability to provide services and reduced their credibility. Finally, everyone surveyed felt that FCHVs should receive additional incentives so they would be motivated to continue their volunteer work indefinitely.

The FCHV Program has been critical to building the solid foundations of a community-based primary health network. The NVAP has been able to advance and develop this structure, and both programs have been strengthened in the process. For example, before the inception of the NVAP in a district, community members did not fully utilize the services that FCHVs were trained to provide. In fact, many community members were unaware of the FCHV role and could not identify the FCHV in their ward. In turn, the FCHVs tended to lack the motivation and support to fulfill their duties and to develop positively in the role. Over the past seven years, much of this has changed. FCHVs have surprised and impressed those who doubted that largely illiterate female volunteers could handle the challenge of the responsibilities mandated by the Vitamin A Program.

II. Study Objectives and Methodology

The purpose of the current study is to go beyond quantitative statistics to better understand how and why the changes discussed above have occurred. Specifically, the primary objectives of the study are:

1. To investigate and document the nature of the partnership between the NVAP and the FCHV that has enabled her role in capsule distribution to be successful and fulfilling.
2. To understand how the NVAP has contributed to the empowerment, motivation, and self-development of the FCHV.
3. To use this information to suggest which strategies should be reinforced and which should be altered, thereby influencing the sustainability and growth of the FCHV role.

The data analyzed in this report was obtained through qualitative focus group discussions and in-depth interviews conducted by a team consisting of two NTAG staff and one graduate student from the Tufts University School of Nutrition Science and Policy. Though interviewers followed a predetermined topic guide with sample questions, they were given the flexibility to pursue pertinent ideas or issues that emerged in the course of a conversation. This approach permitted the interviewers the freedom to probe past reflexive and obvious responses in order to investigate the complex explanations that cannot be captured in a highly structured survey.

The data-generating phase of the study was conducted over a two-week period in July 1999 in two different districts. As the study team was interested in examining how FCHVs have evolved over the period of time that they have participated in the Vitamin A Program, Nawalparasi, a Phase I district, was selected as the first study site. Nawalparasi is situated in the lowland Terai area of Nepal in the Western region of the country and was included in the NVAP since 1993. The district is ethnically diverse, with the majority of its population located around and to the south of the East-West highway that runs through the center. In 1991, Nawalparasi had a female literacy rate of 25%, which approximates the national average. The health infrastructure of the district is fairly dense, with one health post or sub-health post for every 14,000 people.

The second district selected for the qualitative assessment was Palpa. A hilly area adjacent to Nawalparasi, Palpa underwent its first Vitamin A distribution in April of 1998. As a member of the tenth implementation phase, the district has experienced one capsule distribution round under the supervision of the government. In contrast to Nawalparasi, Palpa represents one of the districts in which FCHVs have participated in the NVAP for a only a short period of time. The headquarters of

Palpa are situated on the road to Pokhara, though much of the area is accessible only by a seasonal track or footpath. Not as densely populated as Nawalparasi, in 1991 Palpa had approximately one health or sub-health post per every 8640 people. The female literacy rate in 1991 was 35%.

Within each district, interviewers selected three VDCs chosen at the suggestion of district level health staff. Over the two-week period, the interviewers conducted focus group discussions and individual interviews with approximately twenty-five FCHVs. Interviewers also conducted three focus groups with community mothers, and interviewed ward chairmen, VDC chairmen, and village health workers. Each VDC was situated between twenty to forty kilometers from the district headquarters, and the majority of interviewees lived between a one to four hour walk from the paved road.

III. Discussion of Findings

III.a. The Interview Team Meets the FCHVs

The interview team arrived in the first VDC of Deucheuli, Nawalparasi in the middle of a heavy monsoon rain shower. Women, men, and children were bent over in rice paddies shielding themselves from the downpour with woven reed umbrella mats and plastic wrap. Knee deep in water and mud, they were busy transplanting rice to ensure their food supply for the coming year. Insects abounded, and there were several reports of deadly snakebite during the days of the visit.

In order to find FCHVs and other community people at home, in both districts most of the interviews were conducted near dawn or just before sunset. Though exhausted from their long days in the fields, most of the women that were interviewed were enthusiastic that the team had sought them out to listen to their experiences as FCHVs. Many of the women said they were hopeful that their stories would be relayed to decision-makers and other FCHVs in Nepal and abroad.

In both districts, the FCHVs interviewed ranged in age from 25 to 40 years and most were semi-literate. These women lived in either mud homes with thatched roofs and wooden beams or small cement houses with a tin roof. Some had access to nearby water taps financed by external donors and organized by community mothers groups. Though all of the women considered their role as a health volunteer to be their primary community



The Enumerators with FCHVs

responsibility, two of the younger women had also been elected as a ward representative after becoming an FCHV. The women interviewed had been serving as FCHV for an average of nine years.

III.b. FCHVs Discuss Their Experiences with the Vitamin A Program

In order to gather a better understanding of the FCHV's experiences with the Vitamin A Program, the first part of the discussion centered on different phases of the implementation process. The information that these women imparted shed light on many of the ways in which the Program has helped to foster FCHV confidence, self-esteem, and prestige. Their words helped to create a picture of why they have remained committed to the Vitamin A Program even after many years of distributing capsules and educating the community about Vitamin A-rich food.

For most FCHVs, the **introductory Vitamin A training** is their initial contact with the Program and the first time they have heard of this important nutrient and its life saving properties. The training was significant for several reasons. According to the collective words of many of these women, the participatory techniques employed by NTAG held their interest and sparked their excitement to learn. Many of the FCHVs recalled the role-playing, Vitamin A rally simulation, and the "show-and-tell" discussion of local Vitamin A vegetables as being interesting and fun. They were captivated by the powerful idea of Vitamin A as a readily available nutrient with the potential to ameliorate the suffering of their children. The



Trainer briefing about vegetable sources of Vitamin A

complementary information they learned about child feeding and maternal nutrition was also practical and relevant to their lives.

Furthermore, they felt that the topic of the training and the manner in which information was conveyed was straightforward and easy to comprehend. Many of the women preferred the NVAP training to the initial FCHV training, saying that the NTAG trainers taught them simple, focused tasks that they could easily master and share with their community. For example, a few FCHVs mentioned that they could grasp the act of cutting and dosing with the capsules more readily than, say, preparing Jeevan Jal solution. A VHW who had attended the training said that by repeating messages and allowing for preparation, the Vitamin A training was distinguished from his previous experiences. Other FCHVs compared the Vitamin A teaching tools to those given to them in other trainings. They reported that teaching others about Vitamin A was simpler to do because the Vitamin A flip chart is colorful, the pictures uncomplicated, and the text brief.



Preparing Vitamin A rich-foods during training

None of the trainings were as effective as the Palpa training because in Palpa we learned there was practical. Bringing the green vegetables, fruits, and liver to the training, organizing a small rally with Vitamin A slogans — all these factors encouraged us very much. Now we are empowered to educate the people about vitamin A." — Radha Neupane, Palpa FCHV



FCHV introducing herself

Additionally, many FCHVs pointed out that a seemingly meaningless activity — introducing themselves before the group — turned out to be their most important experience during the training course. Before training, most of the women had little practice interacting with people outside of their home. Talking to people, not to mention standing before a crowd, made them nervous. The NTAG trainers emphasize the first-day introduction because they recognize its importance in dealing with this challenge. At the start of the day, the trainers ask each FCHV to present her name, her position as FCHV, and her ward number. They wait patiently until the group has completed this task — even though it may take hours! During several other activities FCHVs are

again required to recite before the group. Ultimately, these techniques work to plant the important seed that has helped FCHVs to gain assurance and to build the self-esteem necessary to communicate confidently with their communities.

"The most enjoyable training was the Vitamin A training. In this training we had to come in front to answer questions. Other trainings did not teach us in this manner. In other trainings we usually try to stay in the corner but the Vitamin A training was not like that. It empowered us to talk in front of the people. The trainers also taught us in a very lively environment." — Rukmini Kafle, Palpa FCHV

"In the beginning I was hesitant to give my introduction in front of many people, as I am usually only limited to cooking and washing within my household. Since the training I am confident that I can speak in front of people." — Radha Ranabhat, Nawalparasi FCHV

During the introductory and refresher trainings, FCHVs are provided with a supply of Vitamin A capsules for their first distribution day. After that time, they are supposed to receive their capsules during the biannual FCHV review meetings organized by the district health staff. The interview team questioned the FCHVs about their experiences with the timeliness and adequacy of their capsule supply.

In speaking with FCHVs from Palpa and Nawalparasi, none of them had experienced any problems receiving sufficient capsules in time for the distribution day — a very significant accomplishment in a geographically-challenged country like Nepal. In case they could not attend the review meeting or the meeting was not held, the health post staff ensured that someone delivered the bottles to the FCHV. On the rare occasion that the women did not receive their supply in the days proceeding the distribution, FCHVs mentioned that they sent someone to the health post or went themselves to the collect their capsules. When asked to envision what they would do if they could not obtain capsules, two FCHVs said they would lead children to the health post or tell them to consume more green leafy vegetables and yellow fruits.

The fact that the FCHVs in both districts have been able to obtain enough capsules in time for each distribution has been an important factor in helping to strengthen the partnership of trust between the FCHVs and the NVAP. FCHVs conveyed their sincere belief that having a reliable supply of capsules has helped them to garner the faith of the community and improve their credibility. Several FCHVs mentioned that, for this reason, the NVAP was more useful and motivated them more than other programs.

The NVAP is different from other programs. The capsules come continuously every six months. Other medicines like deworming tablets and calcium were distributed during the FCHV training. Since then we have had no stock but community people still come to us to get such medicines. It is an awkward situation for us. — Sukmaya Tamang, FCHV

Because the FCHVs in Nawalparasi have worked with the NVAP for the past six years they have had more experience **promoting the distribution campaign** than those in Palpa. Many of these FCHVs noted a marked difference between the way that they used to do promotion and the way they do it now. Previously, they either walked from house to house convincing people to dose their children or they relied on a town crier to do so. Now, they say, people are aware of the distribution and don't need to be persuaded. Several pointed out that with the help of TV, radio broadcasts in the local language, posters, and teachers the town crier is no longer necessary.

According to several of the Palpa FCHVs, after only three distribution rounds people come much more readily than they did in the beginning. Rather than making house visits, these FCHVs tell everyone they meet during their daily chores to bring their children for Vitamin A. The Palpa VHWs mentioned they also try to go the villages during the campaign to help in informing the community. The FCHVs seemed content that they no longer needed to work as much to encourage people about the importance of the distribution day. Going house-to-house was time consuming for them. Their job is much easier now.



Vitamin A rally

These days the people are already aware through the radio and TV. There is no need to convey the messages through the town crier. The people themselves ask me about the distribution when I go the tap. They said that we heard from the radio that today is the vitamin A distribution day. — Devimaya Acharya, FCHV

After working hard during the training and campaign promotion activities, most FCHVs felt prepared for their first **Vitamin A Capsule Distribution Day (VACD)**. Even though most women commented that managing their work was difficult at first, they mentioned that they no longer have problems and can enjoy themselves. The capsule distribution day is tiring for the FCHV, and most of them suggested that they should receive snacks or some other support to make their day easier. However, they agreed that the day is generally a fun and festive event. One woman compared it to a "saptah" — a religious gathering where all relatives and neighbors celebrate together for a week.

Most FCHVs interviewed receive some type of assistance on the distribution day. In particular, illiterate FCHVs discussed their need for help in completing their register, the record of children dosed on that day. Other women suggested that aid in crowd control and line formation is most useful to them. Some mentioned that when there are few children waiting they have no difficulty managing everything alone.

"We usually bring the green vegetables and yellow fruits for the demonstration of vitamin A-Rich foods. We educate the people about the vitamin A and nutrition using the flip chart on the distribution spot. The women enjoy hearing about those things"—Radha Neupane, Palpa FCHV

"It is better to gain knowledge by seeing rather than hearing. We have seen the rallies carried out before the Vitamin A distribution. We have also seen the different types of green leafy vegetables displayed during the distribution days. There were even some GLVs that we have not seen before. We have come to know about them and feel we should grow those vegetables too." – Mothers' Focus Group, Palpa

According to the FCHVs, family members provide much of the support. Health staff, community leaders, teachers, mothers, or students also help. For example, VHVs interviewed said that they visit the villages on distribution day and, where the FCHV is in need of assistance, they collaborate on such tasks as completing the register, providing nutrition education, or fetching water. Several community mothers said they are pleased to aid the FCHV when necessary. Mothers suggested they could contribute by conveying messages, gathering the community members, and organizing distribution lines. At the same time, several mothers maintained that the FCHV has a responsibility to work and should be the one to initiate all requests for assistance.

"I do not know how to write. In the past, my husband helped me in recording the data. Nowadays, the school teacher Ramesh Sir helps me in recording the data. He also has attended the training"—Rupa Thapa, Palpa FCHV

When questioned about whether they felt supported enough on the distribution day, Nawalparasi FCHVs seemed particularly upset that the VDC and ward members were not assuming some of the responsibility. Because community leaders are taught in training to assist in organizing the event, these FCHVs felt that their lack of interest was disrespectful. Interviews with the local leaders in Nawalparasi, however, revealed that many of them had not attended the introductory NVAP training. Recently elected to their position, they had never been oriented to the importance of the distribution campaign. Once informed, though, they were receptive about the idea of providing organizational support or incentives to the FCHV through the VDC budget. In the future, the Nawalparasi leaders suggested, a process should be developed whereby the commitments of the VDC are transferred to newly elected officials.

According to Palpa FCHVs, the VDCs in which they worked have already allocated funds for a distribution day allowance for tea and snacks. Although the amount of the allowance for tea and snacks differed widely by VDC, in general Palpa FCHVs seemed more content with the support they were receiving. Contrary to the Nawalparasi leaders, the VDC and ward members interviewed in Palpa had attended the initial or refresher Vitamin A training.

"We several times asked the VDC people for help, but didn't get any. They might think that we are the Health Post staff and get support in the form of allowances for distribution. We cannot do anything to get their help. You (indicating the interviewer) must meet and talk with them." – Radha Ranabhat, Nawalparasi FCHV

"I am not familiar with the FCHVs other responsibilities (besides polio immunization and Vitamin A distribution), as they are mostly in contact with the health post. This conversation makes me feel that the VDC should take responsibility during the Vitamin A distribution also" – Mohanlal Gautam, Nawalparasi VDC Chairman.

"We get Rs. 75 during the distribution from the VDC. We heard that other VDCs are providing 100 rupees." – Rupa Thapa, Palpa FCHV

Given that many FCHVs felt that they weren't receiving the level of help they deserved, most of them said they were not complaining for their own sake. With more support, they reiterated, community people might not grumble about waiting in line. The process would be more efficient and the "clients" more satisfied. Ultimately, the FCHVs seemed concerned most about the satisfaction of the community members – perhaps because the community's approval ultimately preserves the FCHV's prestige. A case in point, several FCHVs said that they would continue to distribute capsules even without assistance. "It is my duty and is expected by the community," one said.

During the course of the discussions, several explanations emerged as to how the distribution day itself heightens the FCHV's dedication to the NVAP. First, the FCHVs were obviously proud that they could organize themselves and mobilize the community to bring their children for Vitamin A. Secondly, unlike other FCHV activities, the distribution day event is highly visible – everyone in the community can witness the FCHV distributing capsules to improve the health of their children. The fact that the distribution day often attracts outside observers or supervisors from around the country provides a further boost to the FCHV on that day. The capsule itself also accords a special status to the FCHV. Communities have learned that FCHVs provide the most easily accessible high-dose source of the life-saving elixir.

"I started to dose with Vitamin A five years ago and now all the children know me. Before this program I was only limited to family planning, hygiene and sanitation activities. After the Vitamin A program all the villagers recognize me as the FCHV. That gives me more strength to do more for them." – Chandrakala Singh, Nawalparasi FCHV

Upon completing the capsule distribution, the Village Health Worker for each VDC is responsible for gathering coverage data from the FCHV's register. Most of the FCHVs reported that a health post staff member usually visits to collect the register data several days after the campaign. In case the VHW does not appear for the figures, most FCHVs said they walk to the health post to deliver the coverage information or send the data with someone going to the health post.

When asked whether the health post staff gives feedback during these supervisory visits, most FCHVs responded that the VHW rarely gives suggestions. Two of these women proposed that lack of feedback might be due to the FCHVs' excellent performance, obviating the need for further advice. The VHW interviewed in Palpa felt that any critical feedback from the health staff risks demotivating these unpaid workers. He proposed that the optimal role for VHWs should be to supervise and support FCHVs when they encounter problems.

In general, the fact that the regular supervision and support from health staff was minimal did not negatively affect the FCHV's attitude or level of motivation. The VHWs interviewed felt that FCHVs are performing well for their community. In turn, most FCHVs were convinced that the health staff respects their work. The fact that the register serves as a means for the FCHV to prove her achievements seemed sufficient, regardless of whatever additional feedback she might receive.

"During the distribution, the VHW did not always visit my center. They have to visit the whole VDC. They visit all 9 wards as much as possible. They said "you know how to dose, continue doing in the same way." – Maya Pahadi, Palpa FCHV

If there were no FCHVs, the Vitamin A Distribution would be a very difficult job. The health post would not be able to cover the VDC in the limited amount of time. If the responsibilities were given to another person, say, the ward or VDC chairman, the coverage would not be satisfactory and children might be missed. The program is successful because of the FCHVs. – Khemraj Dhajal and Krishna Pahadi, Palpa VHWs

III.c. FCHVs Discuss How Their Experiences Have Changed Since the NVAP Began

During the course of discussions, the interview team questioned FCHVs about the attitudes of their community towards Vitamin A. The FCHVs' responses helped to explain how the partnership between the NVAP and the FCHV has heightened the community's awareness about the importance of this micronutrient.

Most FCHVs remarked that their community's attitudes have changed substantially from the initiation of the program in their district. In the beginning, many community people doubted that the Vitamin A capsule could be useful for their children. Others believed that the capsules would, in fact, harm those they were professed to benefit.

**"People have accepted the vitamin A program in a positive way. Before they seemed suspicious. They used to ask me about the consequences of the capsule. Some complained they would get a headache and fever. Afterwards, slowly they began to realize that it helps to keep their children healthy, active and resistant to several diseases."
— Chandrakali Singh, Nawalparasi FCHV**

Several FCHVs mentioned that, because of the preparation they received from the Vitamin A program, they were confident to teach about Vitamin A. They felt assured in persuading community members of the importance of consuming more Vitamin A-rich foods and bringing their children to the capsule distribution. According to FCHVs, exposure to radio and TV has also helped raise the community's awareness about the importance of this nutrient for their children's well-being. Many of the FCHVs suggested that community mothers had witnessed a notable improvement in their children's health after the capsule distribution, further convincing them of the merit of Vitamin A. The mothers interviewed confirmed that the FCHV has taught them about the importance of green leafy vegetables and other Vitamin A foods to their children's and their own health. As a result, FCHVs have found that their communities now readily seek out this micronutrient.

While communities have mobilized around the issue of Vitamin A and the capsule distribution, FCHVs have noticed other positive changes. Several women suggested that the Vitamin A program has allowed them to interact more with people from outside their community. Other mothers said that they have noticed a substantial improvement in the health of their own children since starting the Vitamin A distribution. Above all, many FCHVs said they have noticed a positive transformation in their confidence to deliver other health services. Now that community members are more familiar with the FCHV and her role, they are more likely to listen to her educate about other health problems, to accept her health advice, and to obtain care from her for minor ailments. For instance, several mothers commented that they can seek out the FCHV 24 hours a day to help with small cuts, moderate cases of diarrhea, and referrals to the health post or hospital. This type of access is made possible by having an FCHV who is living in their community, they said.

"People know me now, they say I'm doing a good job by distributing capsules. Children are healthy now. The villagers are helping and supporting me. All these factors motivate me more to help the children."— Gita Adhikari, Nawalparasi FCHV

"We need an FCHV who is from our own village, not an outsider. In that case, our village can be developed. Otherwise it will be difficult."— Mothers' Focus Group, Palpa

"I am happy that I can tell something useful to others. I have noticed the positive effects of vitamin A on children. Children are now less likely to suffer from different diseases. The severity of the disease is less. I am convinced and satisfied with my job."— Sukmaya Tamang, Nawalparasi FCHV

"I feel people are learning and following my suggestions. It's not a problem for me to teach them after repeated practice. In the beginning, I felt shy even to tell my name. Now I feel happy when all the women came to the meeting and listen to me."— Rupa Thapa, Palpa FCHV

"Once I decided to work as an FCHV I cannot stop. Community people regard me as an FCHV and I have perform my duty, otherwise I will be guilty."— Radha Ranabhat, Nawalparasi FCHV

Like a tumbling snowball gathering strength, the fact that community members have grown more supportive since the start of the NVAP has further heightened the FCHV's motivation to work. Their sense of obligation to their community has also been magnified with the improvement in public opinion.

According to several of the women, there is one detrimental aspect of the community's attitude that FCHVs have had difficulty changing: the mistaken belief that FCHVs receive monetary remuneration for their work. Because some community members believe that FCHVs receive a salary for their efforts, they are less willing to help and cooperate during the Vitamin A distribution and other activities. This misperception could be cleared up, the FCHVs suggested, if community leaders were to make additional efforts to introduce the FCHV and to clarify the volunteer nature of her position.

"It was difficult in the beginning as the villagers thought I was getting a lot of money and allowances. It used to hurt hearing all that. But now things have changed. They have come to realize that I am providing services for free. They support me now. It's great." — FCHV Focus Group, Nawalparasi

"The ox only works when he is hungry. The FCHV must only work for money." — community member

III.d. The FCHVs Share Their Hopes For the Future

Judging from these interviews, the FCHVs were appreciative that the Vitamin A program has helped to alter their lives in several ways. Although many women seemed satisfied based on what the program has done for their personal self-development, some FCHVs said that these program-related benefits were inadequate as long as their family's economic situation did not improve as well. Others recognized that the progress they have witnessed is due primarily to their own dedication and hard work.

Consequently, most of the FCHVs feel they deserve some recognition and special incentives (in kind or cash) in light of their performance thus far. In fact, for most FCHVs the *hope* that they will be singled out for their achievements is what continues to drive them forward. Caught, FCHVs feel that if they leave their job the community will replace them with another woman who would be eligible for any future benefits accorded to the position. For now, they have faith that the system they have supported will one day give back to them in a tangible way.

"We are working hard with the hope of getting some return one day." — Maya Pahadi, Paipa FCHV

"At present we don't get any benefits, but I have come to know about different medicines and learned new things. I wish to learn more new things and for that I am ready to work further. Maybe we will get some allowances in future. I hope that." — Devimaya Acharya, Nawalparasi FCHV

"FCHVs should have the chance to visit other places. This would show appreciation and would help motivate them further." — Khemraj Dhakal and Krishnan Pahadi, Paipa FCHVs

"We are sure the FCHV will get a job after providing such services to the community. The government should provide them with a job. Look at us — we are spending time here when we have to carry out so many duties at home. The FCHV is always doing the same for the community." — Mothers Focus Group, Paipa

"I wish FCHVs could get a certificate as an appreciation for our services. For me, money is not everything. I am doing my job sincerely. All I want is appreciation and support." — Sumitra Sapkota, Nawalparasi FCHV

"Sometimes I think about giving up this job, but the hope of getting some benefits in the future stops me. I anticipate that another person will get that benefit if I give up." — Rukmini Kafle, Paipa FCHV

"The radio program about FCHVs encourages us to work. I hope that my interview can be broadcast on the program so that other FCHVs will hear." — Rupa Thapa, Paipa FCHV

"During the last New Year, we heard the FCHV greeting on the radio and we are happy to hear these things." — FCHV Focus Group, Nawalparasi

IV. Conclusions

The in-depth interviews and focus group discussions conducted in Palpa and Nawalparasi have helped to highlight the means by which the NVAP implementation process has benefited the FCHVs interviewed in these two districts.

Essentially, the initiation of the program in a district has provided the FCHV with a reliable set of tools and a supportive context that she has then used to her advantage in serving her community. Through NTAG's participatory and empowering approach to training, the FCHV has gained confidence to express herself before a group. She has acquired useful knowledge about the importance and availability of Vitamin A-rich foods, and has been provided with simple and comprehensible educational materials to share her knowledge with the community. The training's focused and clear format has enabled the FCHV to easily grasp the procedure of dosing children and maintaining her records. The NVAP's emphasis on the multisectoral aspect of the program has created a network of support that the FCHV can draw upon when needed. Furthermore, the NVAP's commitment to the timely and reliable supply of Vitamin A capsules for the distribution day has provided the FCHV with a visible and reliable asset to provide her community.

The FCHV's tool kit would be useless, however, if the community did not appreciate the importance of Vitamin A or demand capsules for its children. To advance this end, the NVAP has worked in partnership with the FCHV to convince the community of the importance of Vitamin A, to educate families about the sources of Vitamin A rich foods, and to demonstrate the positive effects of the high-dose capsule on the health of their children. In most cases the community has responded positively, by recognizing the significance of Vitamin A and sound nutrition, by providing some assistance during the capsule distribution, and by conveying its appreciation for the FCHV. An important measure of the respect that community members now feel towards the FCHV is that, increasingly, they are seeking her advice about other primary health issues in addition to Vitamin A.

According to many FCHVs, this favorable shift in their communities' attitudes has been critical to boosting their feeling of self-worth. The FCHVs' job satisfaction has risen in a positive correlation with their prestige. Now that FCHVs have proven themselves as capable women with something unique to offer, they feel accountable and committed to their communities. Preserving the gains that they have accrued and ensuring they receive any future benefits hinges on continuing to provide the community with important health services. This feeling of obligation appears to be the most important motivation for the FCHV to continue her work.

Rather than diminishing with the passage of time, as the mutual trust between FCHV and community members grows the program has become more centered within the community. Many of the FCHVs, in cooperation with community women, have used their new found confidence to take control of their

lives. FCHVs interviewed have pushed for such initiatives as savings groups, local women's development groups, literacy classes, and election to political office. This positive dynamic that was catalyzed by the National Vitamin A Program should continue to gain strength as long as the elements that have empowered the FCHVs are reinforced. For instance, FCHVs should be engaged selectively in programs that enable them to provide a reliable, visible service.

At some point, the issue of maintaining the motivation of the FCHVs to sustain the NVAP and other programs must be addressed by additional considerations. These include justly recognizing the FCHVs for their commitment and hard work before they become disillusioned. Non-monetary incentives, such as literacy classes and income generating projects, free health services to their family (free examination and simple medicine); free school education for their children, personal use materials etc. should be offered so that FCHVs can continue to take charge, creating positive changes in their own social and economic status as well in that of their families and other women in their communities.

"There should be adult learning classes. This would be a great help for the village women. I also want to conduct a meeting twice a year. This could help us to generate awareness among more village women." - Ujwal Kamecharya, Nawalparasi FCHV

"I wish to have a small medical shop in the center of the village if they could provide me the medicines with which I am familiar." - Divimaya Acharya, Nawalparasi FCHV

"New trainings would be highly appreciated. These things motivate us to work more." - FCHV Focus Group

"This is like a women's empowerment process. Now we have been empowered and we are using it to help empower other women in the community." Deurupa Magar, Nawalparasi FCHV

Attachment 1: The FCHV Empowerment Process

Program Status	Inputs	Outputs	Outcome
FCHVs Before NVAP	<ul style="list-style-type: none"> ● Initial training and supplies ● FCHV bag, sign board ● Supply replenishment (sporadic) ● Refresher training (sporadic) ● Supervision (sporadic) 	FCHVs begin to deliver health education messages and other primary health care services to beneficiaries.	<ul style="list-style-type: none"> ● FCHVs increase interest in and awareness of primary health care ● FCHVs want to apply training knowledge to assist community ● Some resupply difficulties hinder the FCHVs' work within community ● The FCHVs lack the confidence and tools to utilize health education as a service ● Visibility and interaction with community is lower than anticipated
FCHVs After NVAP Training	<ul style="list-style-type: none"> ● Vitamin A training (participatory, practical, focused) ● Multisectoral approach ● Simple flipchart and posters ● FCHV bag, ID card and register ● Ward level planning with local leaders for collaborative management of VACD day. 	FCHVs are trained and given the tools to mobilize community around the issue Vitamin A	<ul style="list-style-type: none"> ● FCHVs are excited about Vitamin A and its role in improving child health ● FCHVs gain the confidence to speak before a group ● FCHVs are able to understand and apply the training objectives ● FCHVs are confident to talk and educate about Vitamin A using flipchart ● FCHVs expect support from local leaders, teachers, NGOs, etc.
FCHVs After Several NVAP Distribution Rounds	<ul style="list-style-type: none"> ● Campaign promotion ● Capsule distribution ● Supervision and support ● Data collection (regular) ● Supply replenishment (regular) 	FCHVs educate community about Vitamin A foods and distribute capsules, achieving coverage rates in excess of 85%	<ul style="list-style-type: none"> ● FCHVs feel confident to promote campaign and educate about Vitamin A importance. ● Community changes attitude about Vitamin A capsules ● Community demands Vitamin A capsules from FCHV ● Capsule distribution day heightens visibility and provides a measurable, achievable objective for FCHV ● FCHV feels more accountable to community and to outsiders ● FCHVs' reputation, prestige, and credibility are improved ● FCHVs' motivation and sense of obligation to work are increased ● Opportunity cost of not working increases as FCHVs hope for future benefits. ● FCHVs desire external recognition and incentives in return for hard work ● FCHVs are empowered to initiate other community-based development activities

Attachment 2: Members of NTAG Staff and Study Team



Members of NTAG Team: L'R: Bhawana Sharma, Puja Pandey, Ditya Manandhar, Deepak Thapa, K.P.Acharya, Ram Shrestha, Sanjay Risal, Rita Pradhan



L'R: Rita Pradhan, Ditya Manandhar, Bhim Sunuwar



Rita Pradhan, Jennie Coates with FCHV and friends