

# The Feasibility and Acceptability of Female Community Health Volunteers Facilitating GBV Survivor Care and Support In Nepal

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## Background

**26%**

Women  
experiencing  
domestic  
violence in Nepal

- Only 22% of women who have experienced physical or sexual violence sought help.
- The Government of Nepal has committed to addressing gender-based violence (GBV) multisectorally, including through the health system.
- Jhpiego, with UNFPA, has been supporting government initiatives on a health sector response to GBV, including in the district where this study was carried out, since 2015.

# Jhpiego's work on health response to GBV



FCHVs participating in role play during orientation on GBV toolkit

Developed National Clinical Protocol on GBV, training package & GBV toolkit for FCHVs

**877**

Health service providers trained

**384**

FCHVs oriented on GBV toolkit

**4,185**

Survivors reached with facility based services

## Study Aim

- To pilot a GBV intervention that orients FCHVs
  - › To identify GBV survivors and refer them for facility-based services as an extension of the existing health response to GBV interventions in Mangalsen, Nepal

*FCHVs are the women selected from and by health mothers' groups—who are active in different social and health activities within their locality.*



An FCHV with her child after receiving GBV orientation

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## Research Questions

1. Do service providers and communities view FCHVs' involvement in the health sector response to GBV as feasible and acceptable?
2. What do FCHVs know about GBV services, their role in supporting GBV survivors, and linking survivors to services?
3. What do FCHVs identify as barriers and facilitators to working with GBV survivors in the community?
4. Does an orientation about GBV services increase FCHVs' knowledge of GBV and GBV services and change their attitudes about GBV?
5. Is there an increase in the number of GBV survivors reaching health facilities in Mangalsen, and if so, how does FCHV referral contribute to that increase?
6. What has been the most significant change in Mangalsen Municipality for FCHVs and survivors—from the FCHV perspective—since the introduction of the project?

# Study Site and Key Population

## Study site

- Mangalsen Municipality, Achham
- Population: 32,331
- Health facilities: 8

## Study population

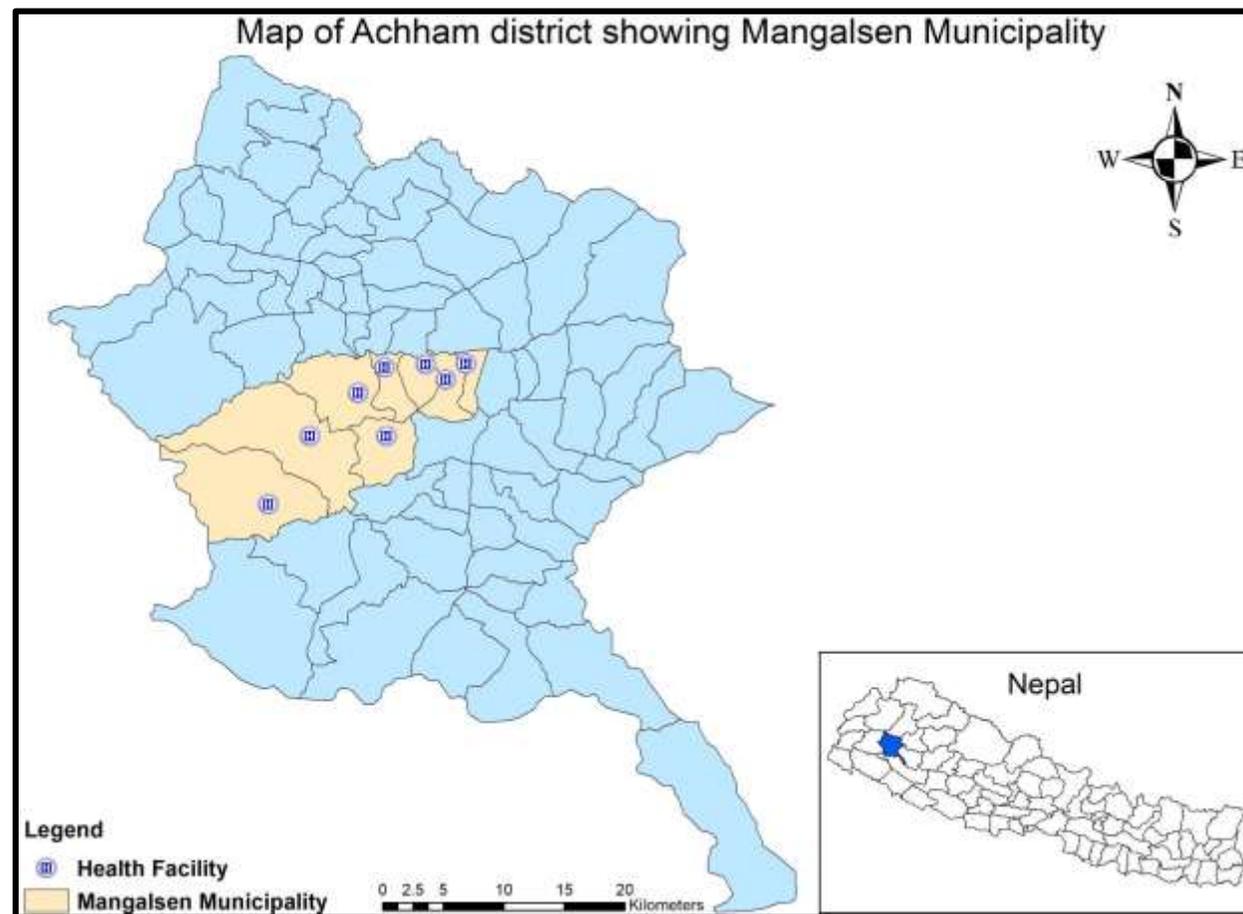
- FCHVs: 116

## Key stakeholders

- Health mother's group
- Health service providers
- Police
- Safe house in-charge/counselor

## Study period

- June 2018–October 2019



Map of Achham district showing study site

# Methodology

## Baseline

- FGDs: FCHVs (2), mothers (1)
- Key informant interviews (5)

## Intervention

- GBV orientation for FCHVs
- Knowledge/attitudinal assessments
- Review of service statistics
- Most Significant Change (MSC) story collection

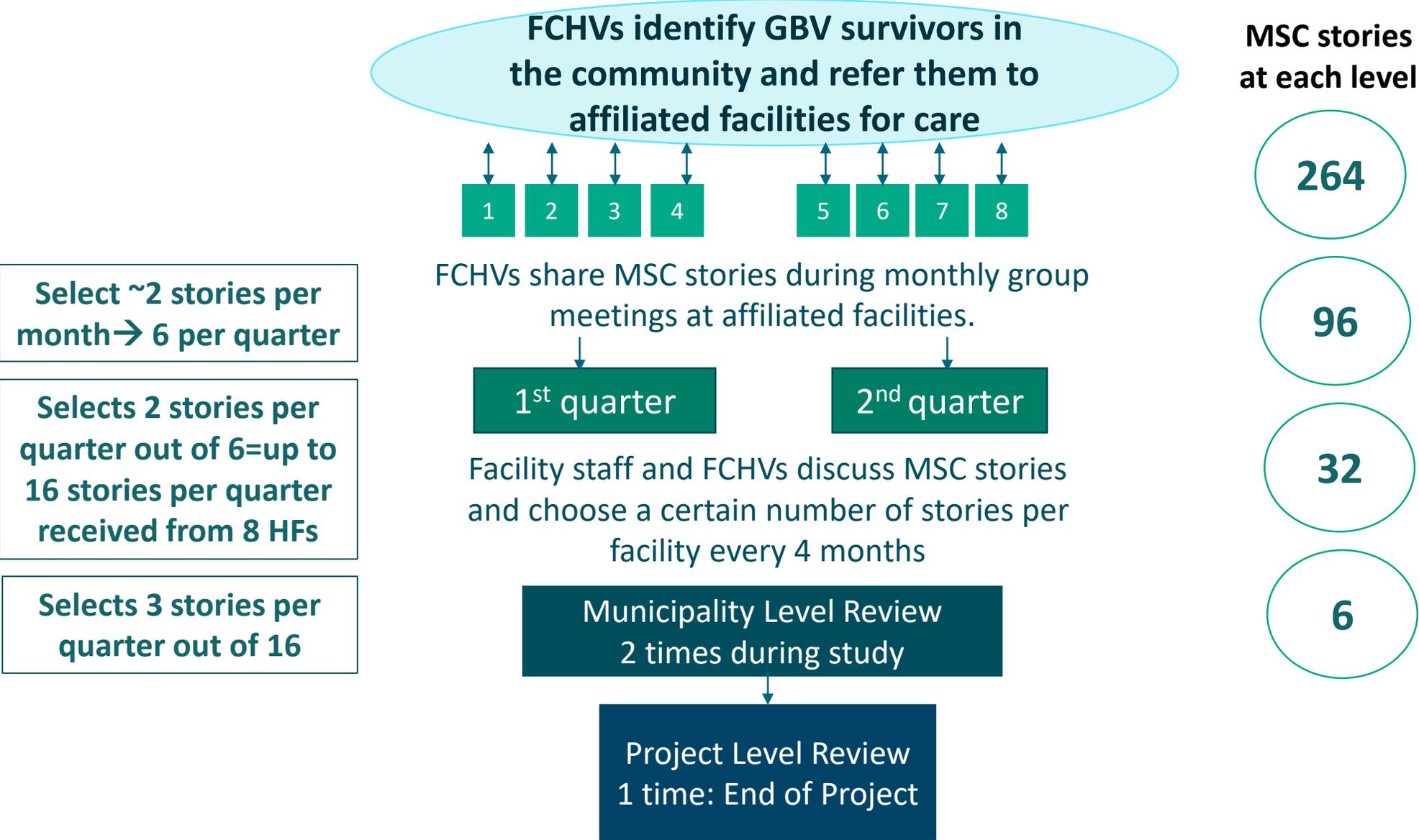
## Endline

- FGDs: FCHVs (2), mothers (1)
- Key informant interviews (5)

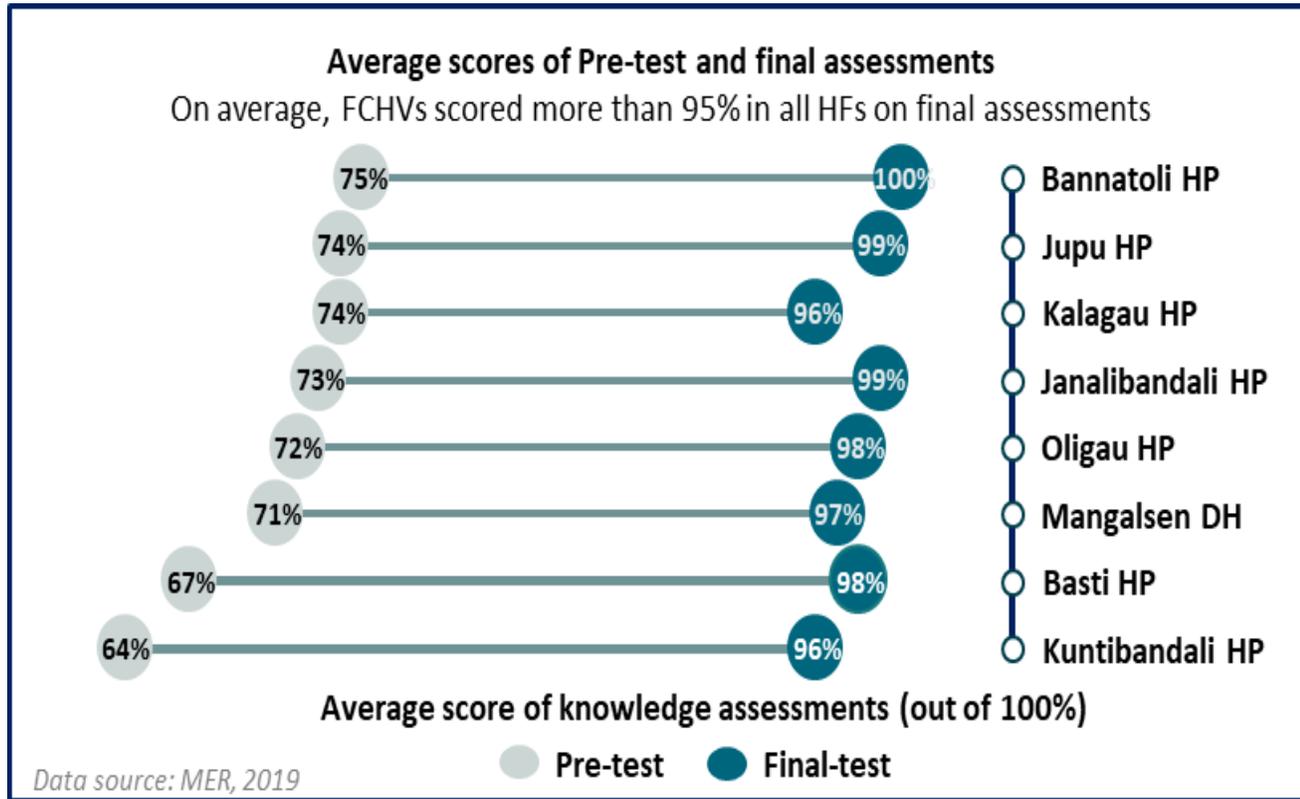


FCHVs attending orientation on the GBV toolkit

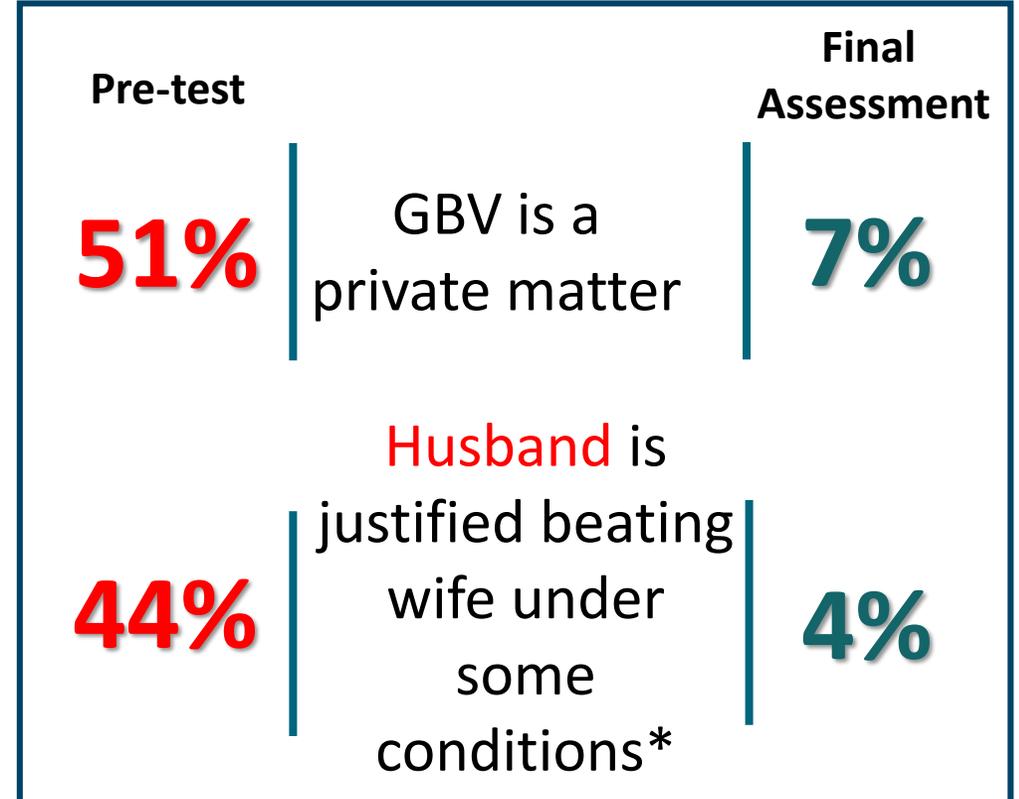
# Most Significant Change (MSC) Process



# Findings—Knowledge and Attitudinal Changes



Average scores (percentage) of FCHVs at eight health facilities

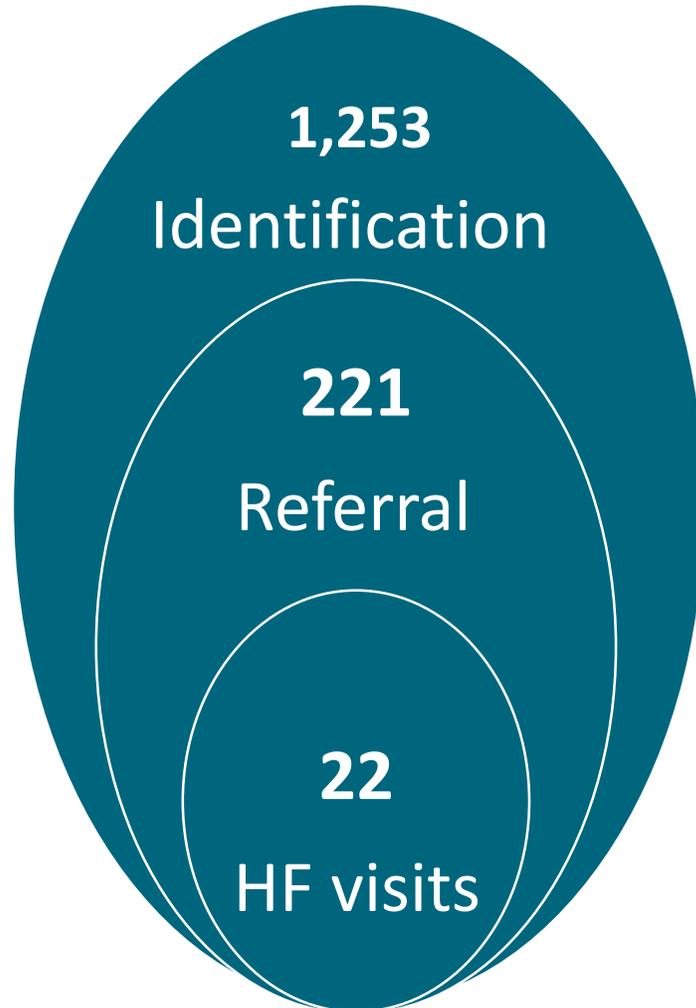


Attitudinal assessment before and after GBV orientation

# Identification and referral of GBV survivors by FCHVs (2018/19)

**1,213**

# of sessions on GBV delivered to mother's groups



**251**

Total GBV survivors visiting HFs in Mangalsen Municipality

**↑ 3 fold**

50% "self referred/  
HW identified"

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## Stakeholders' Perspectives

- All service providers and most stakeholders acknowledged the role of FCHVs in identifying and referring GBV survivors for services.
- Mothers' groups identified FCHVs as providers that women trust and look to for help.
- FCHVs' older age and illiteracy were identified as potential barriers to performing their role effectively.

*“The more new things they (FCHVs) learn, we’d get to learn about it too.”—Mother/FGD2*

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## FCHVs' Perspectives

- FCHVs see a role for themselves in helping GBV survivors, with empathy toward survivors as a motivating factor.
- GBV orientation has sensitized and empowered FCHVs to advocate for change in the community.

*“Before we had no training. We didn’t understand much either. We didn’t know what Gender Based Violence is. How would we have known that Chaupadi (menstrual isolation) is a form of GBV too!”*  
– FCHV/FGD3

## MSC Stories

- MSC stories reinforce FCHVs' role as powerful change agents
- Domains of change include behavior (41%), attitude (33%), and knowledge (26%)

*“after receiving GBV orientation, we discussed on this issue continuously and numerous times in mothers' group meeting...many women have lost their lives while living there...we discussed we need to unite and declare this area as chhaugoth free...we decided that every woman will develop their habit of staying in their own house during menstruation...at present, the number of women living inside their house during menstruation is increasing in the village.”*



A typical menstrual hut (chhaugoth)  
in far-west region

# Barriers and Gaps in Accessing Services

- Not reaching health facility
  - › Fear of consequences
  - › FCHVs referring to other institutions
  - › Resolving issues in community
- Not disclosing at health facility
  - › Confidentiality and privacy concerns
- Safety concerns of FCHVs
  - › Some verbal threats documented
  - › No severe adverse events reported



Role play by health service providers on privacy during GBV orientation for FCHVs

## Discussion and conclusion

- Despite barriers and challenges, FCHVs were **motivated and interested** to work with GBV survivors
- Stakeholders and mothers' groups perceive **FCHVs as change agents** in society
- With proper support and transformative training on GBV, **FCHVs have potential** to raise awareness and facilitate services and support for GBV survivors



FCHVs after orientation on GBV toolkit

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*“Before I didn’t even know the term ‘laingik hinsa’(GBV). Though we knew different forms of violence, we could not categorize it and pinpoint these are also violence. But now I not only know about it but can also help women in the communities.”*

*– FCHV/FGD1*



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- FCHVs of Mangalsen Municipality
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- Nursing and Social Security Division
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**Thank  
You**

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