

Mother and Child Health Workers (MCHWs) in Nepal

The cadre of MCHW was initiated by the government in 1993, as part of the national drive to reduce maternal and neonatal mortality rates, through the provision of community level services. Ten years later, over 4,000 MCHWs have been trained, most of whom are now providing services at sub-health posts (SHP) around the country. At this point there is a need to evaluate what these MCHWs are doing, and what are the factors enabling or hindering them in their performance. The critical point to address is whether MCHWs can contribute to a reduction in maternal and neonatal mortality rates, and if so, what support is needed to enable them to be more effective.

The findings of this report identify five key issues related to the work of MCHWs:

1. **Enabling environment:** An “enabling environment” is critical if MCHWs are to work effectively, as this affects every aspect of their performance, including service provision and referral, job satisfaction and status within the community. Issues such as: conditions of service, technical supervision, support and recognition, facilities available (particularly at the SHP), community acceptance, and VDC support need to be considered. Training alone is not enough to sustain improved performance.
2. **Productivity:** The number of births attended MCHWs is currently very low, for a number of reasons, including community demand/ awareness and the expectation that MCHWs undertake a range of other non-MCH services, which makes extra demands on their time. This issue needs to be addressed before resources are committed to increasing the numbers or training of MCHWs or an equivalent cadre otherwise no reduction in maternal mortality can be expected. Linked with this there is a need to look more closely at the role MCHWs are playing in referral of cases with complications to higher centres, and how they can be used more effectively.
3. **Refresher training:** Findings from both the qualitative and clinical skills assessment exercises indicate that refresher training has been effective in increasing the skills and confidence of MCHWs as skilled birth attendants and providers of MCH care. Refresher trained MCHWs achieved overall higher scores, and within a smaller range, suggesting a more standard level among this group.
4. **Focus on MCH services:** There is a need to ensure that MCHWs are able to focus on providing the MCH services defined in their job descriptions, as currently their energies and time are scattered by the expectation that they will cover for absentee staff at the SHP, and provide general health care services
5. **Local recruitment:** The recruitment of local women as MCHWs, by a defined selection process through the DHO is important, both for the satisfaction and security of the MCHW herself, and in ensuring her acceptance and trust by the community. An important off-shoot of this is the fact that she cannot be transferred out, and will continue to serve her own community for whatever period she and the local authorities and community feel is appropriate.