



STUDY PROTOCOL

Integration and mobilization of female community health volunteer: A better response and prevention of community transmission of COVID-19 in Nepal: A lesson learned strategies from Thailand

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INTRODUCTION

Nepal is in Southeast Asia, one of the least developed and most densely populated regions in the world, with poor performance in education, healthcare, and sanitation.¹ Health services are provided through tertiary hospitals and provincial centers in urban areas, while rural areas rely on district hospitals, primary healthcare centers, and health posts.² Annually, two-thirds of health issues in Nepal are infectious diseases.³ Pandemics also occur frequently, with high rates of morbidity and mortality. As a high-risk area for pandemics, Nepal has been poorly prepared and has responded inadequately to the COVID-19 emergency.⁴ The national strategies and operational plans mainly focused on hospital-based services, neglecting health education, testing, and tracing of seasonal labor migrants, which led to a significant rise in cases across the country (from only 2 cases in March 2020 to 221 in April, and reaching 20,000 by the end of July).^{3,5} This increase threatens to lead to community transmission. Therefore, Nepal must prioritize pandemic preparedness and response efforts centered on health education, sanitation, and prevention measures, utilizing community health resources. Female Community Health Volunteers (FCHV) can be an effective strategy in responding to and preventing community transmission of COVID-19 in Nepal.

In the 1980s, Nepal began a program of female community health volunteers. In the early days, their roles focused on supporting family planning.⁶ Over time, their responsibilities expanded to include other programs. These volunteers have been crucial in achieving the health-related Millennium Development Goals and other targets. The program has been the backbone of Nepal's health system for the past three decades. Currently, there are more than 50,000 volunteers in Nepal, contributing significantly to health programs, health status improvements, and disaster

management.^{7,8} Thailand's success in controlling the spread of COVID-19 has been credited to factors such as a strong health-care system and active public cooperation.⁹ Additionally, over one million village health volunteers effectively expanded the public healthcare system to every remote village across the country. They served as excellent intermediaries between authorities and communities, helping to build trust, dispel myths about COVID-19, and persuade communities to adopt preventive health measures. They also screened returnees and established local quarantine facilities despite resource shortages. Therefore, this new model strategy for the "new normal" could serve as an evidence-based approach to prevent community transmission of COVID-19 in Nepal.

STAKEHOLDER ANALYSIS

S.N.	Major Stakeholders	Major Responsibilities and activities towards the strategic plan
1	Ministry of Health and Population (MOHP)	Responsible for overall policy formulation, planning, organization, and coordination of the health sector at national, provincial, district, and community levels
2	Epidemiology and Disease Control Division (EDCD)	It provides relevant information to decision makers for public health priorities and resource allocation during epidemic
3	National Health information and communication center	Policies, strategies, laws regarding health communication and Health communication guidelines
4	Nepal Health Research Council (NHRC)	Conducting and supporting research related to the health policy of the Government of Nepal.

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PROJECT GOAL, OBJECTIVE AND ACTIVITIES

Goal: To Ensure Mitigation and slow spread and to protect all individuals, especially those at increased risk for severe illness through mobilizing Female community Volunteers in Nepal.

Objective:

- To Promote behavior that helps to Prevent from Spread of Infection
- To Maintain Healthy Environments
- To Maintain Healthy Operations
- To Prepare for When Someone Gets Sick

Activities:

<u>Health Education</u>	<u>Physical and Social distancing</u>	<u>Protect people at high risk</u>	<u>Encourage Home isolation</u>
<ul style="list-style-type: none"> Stay in Home Hand Hygiene Cloth face covering/ Use 	<ul style="list-style-type: none"> Limit sharing of Objects Ensure Proper ventilation 	<ul style="list-style-type: none"> Cope with stress Dental care Ensure child contact 	<ul style="list-style-type: none"> Notify local health authority Tracing of close contact

PROJECT IMPLEMENTATION STRATEGIES, INDICATORS, MEASUREMENT AND TIMELINE

S.N	Objectives	Implementation strategies/ Activities/Process	Indicators	Responsible Units	Outputs	Timeline		
						September to November 2025		
1	Provision of a Health education program on Healthy behavior, Healthy environment and healthy operations	1. Individual action -Personal Protection -Self-Isolation -Tracing /Testing 2. Community action Physical /Social distancing Close the school and gathering 3. Environmental action Cleaning and disinfection	1.Percent change in mobility (e.g., time spent at home, distance traveled, and by destination 2.Number/ proportion of population that report using masks outside the home in the last week/ Month	MOHP/WHO EDCC/EOC NHIEC NHRC/LHA	1. Reduce exposure to the individual 2. Reduce and interrupt transmission 3. Reduce the burden on health care System	√	√	√
2.	Special attention to disproportionately affected People, high risk and unknown or travel history	1. people at risk with Physical, Mental and emotional outcomes 2. People at risk with severe mental illness 3. unknown people or history of travel people in community	3.Total and incident COVID-19 tests/cases/ hospitalizations/ death 4.Number of calls to local/ state hotline requesting housing assistance	MOHP/WHO EDCC/EOC NHIEC NHRC/LHA Boarder Check point office	4.Trends in excess cases, hospitalization, and mortality among disproportionately affected populations 5. improve in Social/Economic and environmental	√	√	√

EXPECTED OUTCOME OF PROJECT

The public health approach and implementation strategies learned from Thailand will help ensure the prevention of community transmission of COVID-19 in Nepal through the mobilization and integration of female community health volunteers, which will be one of the better responses and sustain management of COVID-19 to achieve a new normal in Nepal.

MONITORING AND EVALUATION PLAN

The Ministry of Health and Population (MOHP), and Provincial Health Ministry, and the Local health authority will be responsible for Monitoring and evaluation using the output indicators.

KEYWORDS: COVID-19; Female community health volunteers; Integration; Lessons from Thailand; Mobilization; Strategies.

CONFLICT OF INTEREST: None

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